# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 28, 2003**
**Secretary of State**

DOCUMENT# L01000002723

**Entity Name:** DANZAS RESTAURANT LLC

**Current Principal Place of Business:**

801 NORTH MAGNOLIA AVE.
SUITE 201
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

801 NORTH MAGNOLIA AVE.
SUITE 201
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number: 59-3698833** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD, MATHENY & EAGAN, P.A.
801 NORTH MAGNOLIA AVE.
SUITE 201
ORLANDO, FL 32803

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MEMBERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | RODIQUEZ, BEATRIX | |
| Address: | 5285 RED BUG LAKE ROAD | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | MGR | ( ) Delete |
| Name: | WIRSHING, JOCELYNN M | |
| Address: | 5285 RED BUG LAKE ROAD | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | MGR | ( ) Delete |
| Name: | RAMIREZ, ALBERTO | |
| Address: | 5285 RED BUG LAKE ROAD | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |
| Title: | MGR | ( ) Delete |
| Name: | RODRIQUEZ, ALFREDO | |
| Address: | 5285 RED BUG LAKE ROAD | |
| City-St-Zip: | WINTER SPRINGS, FL 32708 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOCELYNN M. WIRSHING MGR 03/28/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date