

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011185

Entity Name: DINING CONCEPTS, L.L.C.

FILED
Mar 21, 2007
Secretary of State

Current Principal Place of Business:

3785 NW 82ND AVENUE
SUITE 209
MIAMI, FL 33166

New Principal Place of Business:

3785 NW 82ND AVE
SUITE 209
DORAL, FL 33166 US

Current Mailing Address:

3785 NW 82ND AVENUE
SUITE 209
MIAMI, FL 33166

New Mailing Address:

3785 NW 82ND AVE
SUITE 209
DORAL, FL 33166 US

FEI Number: 65-1120264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARANY, ROBERT C
3785 NW 82ND AVENUE
SUITE 209
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

BARANY, ROBERT C MR
3785 NW 82ND AVE
SUITE 209
DORAL, FL 33166 US

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: ROBERT C BARANY

03/21/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARANY, ROBERT C MR
Address: 3785 NW 82ND AVENUE SUITE 209
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARANY, ROBERT C MR
Address: 3785 NW 82ND AVE SUITE 209
City-St-Zip: DORAL, FL 33166 US

Title: () Delete

Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition

Name: BARANY, HANS J MR
Address: 3785 NW 82ND AVE SUITE 209
City-St-Zip: DORAL, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT C BARANY

MGRM

03/21/2007

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