2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 15, 2005 8:00 am Secretary of State **DOCUMENT # L01000011374** MARINO RESTAURANT GROUP, LLC 04-15-2005 90018 007 ***150.00 Principal Place of Business Mailing Address 1795 BELL TOWER LANE 1795 BELL TOWER LANE FORT LAUDERDALE, FL 33326 FORT LAUDERDALE, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 05-0386139 /S-1122 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 1600 MIAMI CENTER (MAR) 201 SOUTH BISCAYNE BLVD. MIAMI, FL 33131 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State L. C. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. PD TITLE ☐ Change Addition □ Delete TITLE MARINO, ANTHONY NAME NAME STREET ADDRESS 365 EAGLE DR STREET ADDRESS JUPITER, FL 33477 CITY-ST-ZIP CITY-ST-7P SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE MARINO, ROBIN NAME NAME 1513 VICTORIA ISLES WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33377 CITY-ST-ZIP VP ☐ Change ■ Addition ☐ Delete TITLE DOLVECCHIO, DOMONICK NAME NAME 2405 TALLAHASSEE STREET ADDRESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

NAME

STREET ADDRESS CITY-ST-ZIP

IANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

CITY-ST-ZIP

4-8-05 954-384-2296

FILED