

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011417

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: LUCILLE'S AMERICAN CAFE, LLC

**Current Principal Place of Business:**

2250 WESTON ROAD  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

2250 WESTON ROAD  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 65-1112470

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOBIN & REYES, P.A.  
5355 TOWN CENTER ROAD  
SUITE 204  
BOCA RATON, FL 33486 US

**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/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEONHARDT, HOWARD J  
Address: 3425 STALLION LANE  
City-St-Zip: WESTON, FL 33331

Title: MGR ( ) Delete  
Name: CARCAISE, MIKE  
Address: 2035 ISLAND CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Delete  
Name: NUNEZ, PAUL  
Address: 1102 HICKORY WAY  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: NUNEZ, PAUL  
Address: 1102 HICKORY WAY  
City-St-Zip: WESTON, FL 33327

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

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: PAUL A NUNEZ

MGR

04/01/2008

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