## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000017669** 

1. Entity Name SIX BURRITOS, L.C.



FILED
Jan 09, 2008 08:00 AM
Secretary of State

Principal Place of Business

127 FIRST AVENUE NORTH JACKSONVILLE BEACH, FL 32250 Mailing Address

127 FIRST AVENUE NORTH JACKSONVILLE BEACH, FL 32250



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
59-3760387		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

DOYLE, WILLIAM E 2002 SOUTHSIDE BLVD., STE. 201 JACKSONVILLE, FL. 32216

## DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and trile if applicable.	(NOTE: Registered Agent signature required when reinstating)		DATE	
SIGNATURE				
<ol><li>The above named entity submits this statement for the purpose of chang the obligations of registered agent.</li></ol>	ging its registered office of registered agent, or bo	m, in the State of Florida.	Tam raminar with, and acce	Ŋŧ

## FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
IITLE NAME STREET ADDRESS CHY-ST-ZIP TIFLE NAME STREET ADDRESS	MGR CUMMINGS, ROBERT S 716 SOUTH DUFF AMES, IA 50010
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the ex

U00000777441 01/10/08-80001-023 138.75

DO NOT-WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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.

MOA

OR PRINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/1/08 94-243-3322

Daytime Phone #