

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000020333

Entity Name: NANDER'S CAFE, LLC

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

1020 ENISWOOD PARKWAY
PALM HARBOR, FL 346832020 US

New Principal Place of Business:

Current Mailing Address:

1020 ENISWOOD PARKWAY
PALM HARBOR, FL 346832020 US

New Mailing Address:

FEI Number: 59-3759763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRATIGOS, MICHAEL A
1020 ENISWOOD PARKWAY
PALM HARBOR, FL 346832020 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: STRATIGOS, MICHAEL A
Address: 1020 ENISWOOD PARKWAY
City-St-Zip: PALM HARBOR, FL 346832020

Title: MGR () Delete
Name: STRATIGOS, ANNA K
Address: 1020 ENISWOOD PARKWAY
City-St-Zip: PALM HARBOR, FL 346832020

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: STRATIGOS, ALEXANDER M
Address: 1020 ENISWOOD PARKWAY
City-St-Zip: PALM HARBOR, FL 346832020

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL A STRATIGOS

MGR

02/27/2007

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