

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020699

**FILED**  
**Jan 16, 2007**  
**Secretary of State**

**Entity Name:** EMERIL'S TCHOUP CHOP, L.L.C.

**Current Principal Place of Business:**

7575 DR. PHILLIPS BLVD.  
SUITE 310  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

829 ST CHARLES AVE  
NEW ORLEANS, LA 70130

**New Mailing Address:**

FEI Number: 72-1408490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICE, CYNTHIA I ESQ  
2201 NORTHEAST COACHMAN ROAD  
CLEARWATER, FL 33756 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: CHEF ( ) Delete  
Name: EMERIL'S HOMEBASE, L, LC  
Address: 829 ST. CHARLES AVE  
City-St-Zip: NEW ORLEANS, LA 70130

**ADDITIONS/CHANGES:**

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

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: JOSH MARIE

MR.

01/16/2007

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