

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020796

FILED  
Jul 31, 2007  
Secretary of State

Entity Name: THE DOWNTOWN DELI, LLC

**Current Principal Place of Business:**

331 THIRD STREET NORTHWEST  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

603 6TH ST NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

331 THIRD STREET NORTHWEST  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

RICHERT, BART  
331 THIRD STREET NORTHWEST  
WINTER HAVEN, FL 33881 US

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: MGRM ( ) Delete  
Name: RICHERT, BART  
Address: 331 THIRD STREET NORTHWEST  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM ( ) Delete  
Name: TRINKLEIN, STEVE  
Address: 331 THIRD STREET NORTHWEST  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES:**

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

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: STEVE TRINKLEIN

MGRM

07/31/2007

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