2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021132

1. Entity Name

OLD MEXICANO CAFE, LLC



Principal Place of Business

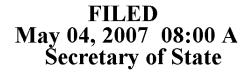
34650 US HWY 19 N

SUITE 108 PALM HARBOR, FL 34684 Mailing Address

34650 US HWY 19 N

SUITE 108

PALM HARBOR, FL 34684





DO NOT WRITE IN THIS SPACE

04302007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 59-3759632

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, ROSE 34650 US HWY 19 N **SUITE 108** PALM HARBOR, FL 34684

SIGNATURE AND

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE			
Signature typed or printed name of registered agent and title if applicable (NOTE: Registere		(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007 U00000761052 05/25/07-80041-001_50_00			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	PETIT, PATRICK		
STREET ADDRESS	34650 US HWY 19 N., STE. 108		
CITY-SI-ZIP	PALM HARBOR, FL 34684		
TITLE	MGR		
NAME	BALESTRIERI, HENRI		
STREET ADDRESS	34650 US HWY 19 N., STE. 108		
CITY-ST-ZIP	PALM HARBOR, FL 34684		
TITLE			
NAME			
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CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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 oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE