

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90363 037 ****50.00

DOCUMENT # L01000022422 1. Entity Name ITALIAN RESTAURANT MANAGEMENT CO., LLC	
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Principal Place of Business 6101 BLUE LAGOON DRIVE 430 MIAMI, FL 33126	Mailing Address 6101 BLUE LAGOON DRIVE 430 MIAMI, FL 33126
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04292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0022881	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BOLIS, ROLAND M 6101 BLUE LAGOON DRIVE 430 MIAMI, FL 33126

**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: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLIS, ROLAND M 6101 BLUE LAGOON DRIVE SUITE 430 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLIS, IRMA 6101 BLUE LAGOON DRIVE SUITE 430 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

 **Signature and typed or printed name of signing managing member, or authorized representative**

Date

Daytime Phone #

Roland M Bolis

4-29-05

305-263-6226