

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013847

**FILED**  
**Apr 05, 2009**  
**Secretary of State**

**Entity Name:** ST. LUCIE DINING ENTERPRISES, LLC

**Current Principal Place of Business:**

1515 N. FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

501 SOUTH OCEAN BLVD  
203  
BOCA RATON, FL 33432 US

**Current Mailing Address:**

1515 NORTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432 US

**New Mailing Address:**

501 SOUTH OCEAN BLVD  
203  
BOCA RATON, FL 33432 US

**FEI Number:** 01-0705347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLISON, DON  
1515 SOUTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33432 US

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

ONUR, ALI  
501 SOUTH OCEAN  
SUITE 203  
BOCA RATON, FL 33432 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: ALI ONUR

04/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ONUR, ALI  
Address: 1515 NORTH FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ONUR, ALI  
Address: 501 SOUTH OCEAN BLVD 203  
City-St-Zip: BOCA RATON, FL 33432 US

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: ALI ONUR

MGR

04/05/2009

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