


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90013 016 \*\*\*\*50.00

<b>DOCUMENT # L02000014359</b>	
1. Entity Name <b>MEDITERRANEO'S, LLC</b>	

Principal Place of Business <b>5148 SUN PALM DRIVE WINDERMERE, FL 34786</b>	Mailing Address <b>5148 SUN PALM DR WINDERMERE, FL 34786</b>
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2. Principal Place of Business <b>336 Hillman Avenue</b>	3. Mailing Address <b>336 Hillman Avenue</b>
Suite, Apt. #, etc. <b>Apt. # 1</b>	Suite, Apt. #, etc. <b>Apt. # 1</b>
City & State <b>Orlando FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32803</b>	Country <b>USA</b>



04152005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>41-2047697</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>GUERRERO, CARMEN 5148 SUN PALM DR. WINDERMERE, FL 34786</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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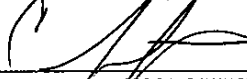
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee Is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GUERRERO, CARMEN 5148 SUN PALM DR WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Guerrero, Carmen 336 Hillman Avenue #1 Orlando, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VELASCO, ANGEL 5148 SUN PALM DR WINDERMERE, FL 34786</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Velasco, Angel 336 Hillman Avenue #1 Orlando, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **4/15/05 (407) 929 8733**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #