2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90432 015 ****50.00

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1. Entity Name
SEITO SUSHI CELEBRATION, LLC

20011293

02102006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
~~1221 EAST ROBINSON STREET~~ ~~ORLANDO, FL 32801~~	~~1221 EAST ROBINSON STREET~~ ~~ORLANDO, FL 32801~~

2. Principal Place of Business	3. Mailing Address
671 FRONT ST. ~~#100~~	817 DELA BOSQUE
Suite, Apt. #, etc. #100	Suite, Apt. #, etc.
City & State CELEBRATION FL	City & State LONGWOOD FL
Zip 34747 Country	Zip 32779 Country

4. FEI Number 47-0874667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~FONG, DAVID~~
~~1221 EAST ROBINSON STREET~~
~~ORLANDO, FL 32801~~

7. Name and Address of New Registered Agent

Name MISUN K. CHIN
Street Address (P.O. Box Number is Not Acceptable) 817 DELA BOSQUE
City LONGWOOD FL Zip Code 32779

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SEITO GROUP, LLC 1221 E. ROBINSON ST ORLANDO, FL 32801	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEITO GROUP. LLC. 817 DELA BOSQUE LONGWOOD FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Misun K. Chin MISUN K. CHIN V-P 407-252-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #