2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019302

BNC RESTAURANTS REAL ESTATE, LLC



Principal Place of Business

420 SOUTH ORANGE AVENUE

SUITE 1200

ORLANDO, FL 32801-4904 US

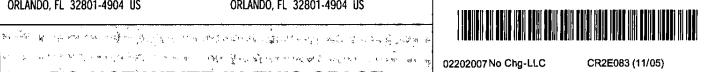
Mailing Address

420 SOUTH ORANGE AVENUE

SUITE 1200

ORLANDO, FL 32801-4904 US

FILED Apr 19, 2007 08:00 Al Secretary of State



CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE		4. FEI Number 57-1162036	Applied For Not Applicable	
and the control of th	g to the same		\$5.00 Additional Fee Required	
Name and Address of Current Registered Agent	्राज्य कर्ता क्रु	the state of the s	Sold to won the day	
CARDWELL, BAILEY N 572 SUMMERWOOD DR. MINNEOLA, FL 34715	mente at the production of the second of the	DO NOT WRITE IN THIS SPACE	Kari amatigi ya maniki ili Karina maniki ya Maniki ili	
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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9.	MANAGING MEMBERS/MANAGERS	gir produce a com concert to something the confirmation of the production of the confirmation of the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARDWELL, BAILEY N 572 SUMMERWOOD DR MINNEOLA, FL 34715	gang terminan digit kacamakan began gamban kan kan kan makan menjar yaan majari kepada began digin d gan megan tegah menjamban termini di kemini di kan kemini kepada kan di melikum menjar began began began began gan memini terminan menjari beran panjari kemini di memilikan berangkan menjari menjari kemini kemini kemini ke
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARDWELL, J. THOMAS 420 SOUTH ORANGE AVENUE, SUITE 1200 ORLANDO, FL 32801	The second of th
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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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE