

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000019302

1. Entity Name
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



02202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1162036

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CARDWELL, BAILEY N
572 SUMMERWOOD DR.
MINNEOLA, FL 34715

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CARDWELL, BAILEY N
STREET ADDRESS	572 SUMMERWOOD DR
CITY-ST-ZIP	MINNEOLA, FL 34715
TITLE	MGRM
NAME	CARDWELL, J. THOMAS
STREET ADDRESS	420 SOUTH ORANGE AVENUE, SUITE 1200
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000716060

04/23/07-80001-006 50.00

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:

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

Date

Daytime Phone #

BAILEY CARDWELL

4/17/07

(352)

241-7546