2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90129 007 ****50.00

DOCUMENT # L03000006785
1. Entity Name
ALLEGRO RESTAURANT DEVELOPMENT L.L.C.

20053594

Principal Place of Business
~~12765 FOREST HILL BOULEVARD STE. 1302~~
~~WELLINGTON, FL 33414~~

Mailing Address
~~12765 FOREST HILL BOULEVARD STE. 1302~~
~~WELLINGTON, FL 33414~~

2. Principal Place of Business		3. Mailing Address	
5520 PGA BLVD.		5520 PGA BLVD.	
Suite, Apt. #, etc. SUITE 104		Suite, Apt. #, etc. SUITE 104	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33418	Country USA	Zip 33418	Country USA

04292005 Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0505147 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III
12765 FOREST HILL BOULEVARD STE. 1302
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name RAUL SENIOR
Street Address (P.O. Box Number is Not Acceptable)
5520 PGA BLVD., STE. 104
City PALM BEACH GARDENS **FL** Zip Code 33418

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] Raul Senior 4/28/05
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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	GIARDINELLA, CLAUDIO	
STREET ADDRESS	5520 PGA BOULEVARD, SUITE 104	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	MGR	☐ Delete
NAME	SENIOR, RAUL	
STREET ADDRESS	5520 PGA BOULEVARD, SUITE 104	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33418	
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33418	
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] Raul Senior 4/28/05 561-7996320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #