

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000007667
 1. Entity Name
MAXIMO RESTAURANTS LLC.



Principal Place of Business 149 AVENIDA MESSINA SARASOTA, FL 34242 US	Mailing Address 149 AVENIDA MESSINA SARASOTA, FL 34242 US
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DO NOT WRITE IN THIS SPACE



04152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4242053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAZZARI, RENATO
149 AVENIDA MESSINA
SARASOTA, FL 34242**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

**Filing Fee is \$50.00
 Due by May 1, 2005**

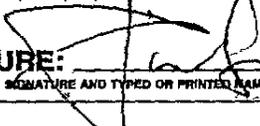
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZZARI, RENATO 2514 ASHTON RD SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000327285
 04/25/05-80031-012 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **RENATO LAZZARI** **4/19/2005** **813-46-7865**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #