2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025407

1. Entity Name
TRATTORIA DINO, LLC

Principal Place of Business	Mailing Address
3310 TAMIAMI TRAIL EAST	3310 TAMIAMI TRAIL EAST
NAPLES, FL 34112	NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE

01262005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
80-0070674	Not Applicable

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

6. Name and Address of Current Registered Agent

VOLPE, MICHAEL J
C/O ROBINS, KAPLAN, ETL AL
711 FIFTH AVENUE SOUTH, SUITE 201
NAPLES, FL 34102

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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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REDZIC, ABIDIN D
STREET ADDRESS	196-30 42ND ROAD
CITY-ST-ZIP	FLUSHING, NY 11358
TITLE	MGRM
NAME	HADZIBRAHIMOVIC, FIKRET
STREET ADDRESS	26-09 24TH AVENUE
CITY-ST-ZIP	ASTORIA, NY 11102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000213304
02/03/05-80066-001 50.00

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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: _____ ABIDIN REDZIC MEMBER   1/29/05

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