


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035674
 1. Entity Name
STAMATIS FAMILY RESTAURANT, LLC



Principal Place of Business Mailing Address
3095 ST. JAMES STREET **1186 SANDY ST**
PORT CHARLOTTE, FL 33952 **PORT CHARLOTTE, FL 33952**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0240130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WOTITZKY, HAL ESQ.
223 TAYLOR STREET
PUNTA GORDA, FL 33950

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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 STAMELOS STATHARAS DATE 1-30-06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

1100000417597
 02/13/06-80059-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STATHARAS, STAMELOS 3095 ST. JAMES STREET PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOUROUPI, ZOI 3095 ST. JAMES STREET PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STATHARAS, STAMELOS 1186 SANDY ST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOUROUPI, ZOI 1186 SANDY ST PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STAMELOS STATHARAS Date 1-30-06 Daytime Phone # (941) 6292576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #