

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046324

FILED
Feb 13, 2006
Secretary of State

Entity Name: ORLANDO RESTAURANTS LLC

Current Principal Place of Business:

4240 NORTHEAST 24 AVENUE
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

4240 NORTHEAST 24 AVENUE
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 03-0532327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, EDILBERTO
4240 NORTHEAST 24 AVENUE
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODRIGUEZ, EDILBERTO
Address: 4240 NORTHEAST 24 AVENUE
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGR () Delete
Name: BALSINDE, SERGIO A JR
Address: 13145 OLD CUTLER ROAD
City-St-Zip: PINECREST, FL 33156

Title: MGR (X) Delete
Name: IZQUIERDO, ANGELO
Address: 1357 CANDY APPLE WAY
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDILBERTO RODRIGUEZ

MGR

02/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date