


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000016016</b> 1. Entity Name SDE-CARRABBA'S, L.L.C.	
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Principal Place of Business 4000 N. FEDERAL HIGHWAY, STE. 206 BOCA RATON, FL 33432	Mailing Address 1000 OMNI BLVD. NEWPORT NEWS, VA 23606
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04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0785004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MACLAREN, LINDA O 798 SO. FEDERAL HIGHWAY, STE. 100 BOCA RATON, FL 33432
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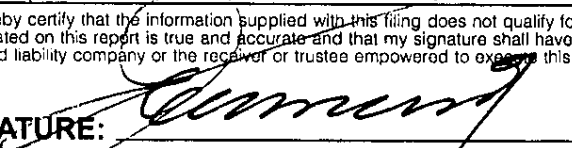
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECONOMOS, NICHOLAS 4000 N FEDERAL HWY, STE 206 BOCA RATON, FL 33431
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<p>U000000735699 05/10/07-80043-025 50.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>NICK ECONOMOS</b> <b>04/25/2007</b> <b>(757) 591-3519</b> <small>Date Daytime Phone #</small>