2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016037

1. Entity Name

NE-CARRABA'S, L.L.C.



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

Principal Place of Business

4000 N. FEDERAL HIGHWAY, STE. 206 BOCA RATON, FL 33431

Malling Address 1000 OMNI BLVD **NEWPORT NEWS, VA 23606**



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-0785071		Not Applicable
5. Certificate of Status Desired		O Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MACLAREN, LINDA O 798 SO. FEDERAL HIGHWAY, STE. 100 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chang tions of registered agent.	I ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a	accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent alignature required when reinstating) DATE	_
Fi	iling Fee Is \$50.00 ue 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000735686 05/10/07-80043-017 S(0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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 remainer or trustee empowered to explain this report as required by Chapter 608, Florida Statutes.

NICK ECONOMOS

04/25/2007

(757) 591-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #