

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L04000016072**

1. Entity Name  
**EE-CARRABBA'S, L.L.C.**



Principal Place of Business  
**4000 N. FEDERAL HIGHWAY, STE. 206  
BOCA RATON, FL 33431**

Mailing Address  
**1000 OMNI BLVD.  
NEWPORT NEWS, VA 23606**



04202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0785086</b>	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**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ECONOMOS, NICHOLAS
STREET ADDRESS	4000 N FEDERAL HWY, STE 206
CITY-ST-ZIP	BOCA RATON, FL 33431

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05/10/07-80043-015 50.00

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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:**

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

**NICK ECONOMOS 04/25/2007 (757) 591-3519**

Date

Daytime Phone #