



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000023495 1. Entity Name CAFE BELMONDO, LLC	
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Principal Place of Business 5401 HANGAR COURT TAMPA, FL 33634	Mailing Address 5401 HANGAR COURT TAMPA, FL 33634
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01042007No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0921493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 EAST KENNEDY BLVD., STE. 1700 TAMPA, FL 33602

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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.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	U000000597891 01/24/07-80053-020 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANZBLAU, ROBERT M 5401 HANGAR CT TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANZBLAU, CARLO 5401 HANGAR CT TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANZBLAU, ALIX 5401 HANGAR CT TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u>Alix Franzblau</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1/9/07 (813) 884-6344 <small>Date Daytime Phone #</small>