

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2005 8:00 am**  
**Secretary of State**

05-12-2005 90029 005 \*\*\*\*50.00

**20058646**



03152005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000034806</b>					
<b>1. Entity Name</b> FRANKIE'S BIG CITY GRILLE, LLC					
<b>Principal Place of Business</b> 1802 W BROADWAY ST OVIEDO, FL 32765 US			<b>Mailing Address</b> 14902 TURTLE DOVE COURT ORLANDO, FL 32824 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1079972	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  INTERNATIONAL MANAGEMENT & EXEC SVCS, LLC 500 N MAITLAND AVENUE, SUITE 215 MAITLAND, FL 32751			<b>7. Name and Address of New Registered Agent</b> Name: <u>FRANK ABBINANTI</u> Street Address (P.O. Box Number is Not Acceptable): <u>14902 TURTLE DOVE COURT</u> City: <u>ORLANDO</u> FL Zip Code: <u>32824</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBINANTI, FRANCESCO 14902 TURTLE DOVE COURT ORLANDO, FL 32824	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBINANTI, FRANCESCO 14902 TURTLE DOVE COURT ORLANDO, FL 32824	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBINANTI, FRANCESCO 14902 TURTLE DOVE COURT ORLANDO, FL 32824	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBINANTI, FRANCESCO 14902 TURTLE DOVE COURT ORLANDO, FL 32824	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABBINANTI, FRANCESCO 14902 TURTLE DOVE COURT ORLANDO, FL 32824	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>					
<b>SIGNATURE:</b> <u>[Signature]</u>		<b>FRANK ABBINANTI</b>		<b>407 977-9898</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	