


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000038813</b> 1. Entity Name <b>CHEESE STEAK FACTORY EXPRESS, LLC</b>	
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Principal Place of Business <b>2315 BROOKSIDE WAY INDIALANTIC, FL 32903 US</b>	Mailing Address <b>2315 BROOKSIDE WAY INDIALANTIC, FL 32903 US</b>
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01042006No Chg-LLC

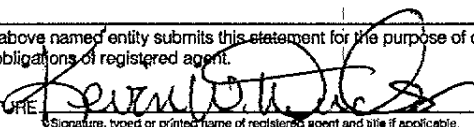
CR2E083 (11/05)

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4. FEI Number <b>20-1150294</b>	Applied For <input type="checkbox"/> 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  <b>COLEMAN, CHRISTOPHER J ESQUIRE 1329 BEDFORD DRIVE SUITE 1 MELBOURNE, FL 32940</b>
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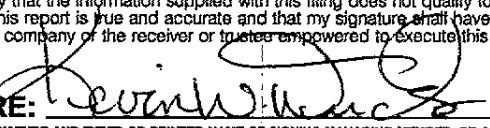
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: <b>4/28/06</b>
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CSFE, INC. 2315 BROOKSIDE WAY INDIALANTIC, FL 32903</b>
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05/13/06-80111-021 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 	DATE: <b>4/28/06</b>	DAYTIME PHONE #: <b>321-863-0418</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		