

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046938

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE NEW E & M FAMILY RESTAURANT, LLC

Current Principal Place of Business:

P.O. BOX 1995
DADE CITY, FL 33526

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1995
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 75-3160973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERSCH, LARRY S
12249 HIGHWAY 301
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FRANCISE EDGERTON, RONALD
Address: P.O. BOX 1995
City-St-Zip: DADE CITY, FL 33526

Title: MGR () Delete
Name: ANN WELCH, EYVONNE
Address: P.O. BOX 1995
City-St-Zip: DADE CITY, FL 33526

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EDGERTON, RONALD F
Address: P.O. BOX 1995
City-St-Zip: DADE CITY, FL 33526

Title: MGR (X) Change () Addition
Name: WELCH, EYVONNE A
Address: P.O. BOX 1995
City-St-Zip: DADE CITY, FL 33526

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EYVONNE WELCH

MGR

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date