

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90023 046 ****55.00

DOCUMENT # L04000067068

1. Entity Name
CREATIVE DINING INVESTMENTS, LLC



Principal Place of Business
7380 SAND LAKE ROAD STE. 135
ORLANDO, FL 32819

Mailing Address
7380 SAND LAKE ROAD STE. 135
ORLANDO, FL 32819

20000151



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1610215

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASDICK, MICHAEL J ESQ
37 NORTH ORANGE AVENUE STE. 210
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Frank A. Morrisroe
STREET ADDRESS 7473 Park Springs Circle
CITY-ST-ZIP Orlando, FL 32837

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME Jimmy E. Peters
STREET ADDRESS 2424 Butler Bay Drive North
CITY-ST-ZIP Windermere, FL 34786

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME MARK M. NUZZO
STREET ADDRESS 4984 Meeneland Circle
CITY-ST-ZIP Orlando, FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

JIMMY E. PETERS, *J. E. Peters*

JAN 5th, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #