

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067091

FILED  
Jan 10, 2006  
Secretary of State

**Entity Name:** BNC RESTAURANTS REAL ESTATE II, LLC

**Current Principal Place of Business:**

420 SOUTH ORANGE AVENUE  
SUITE 1200  
ORLANDO, FL 328014904

**New Principal Place of Business:**

**Current Mailing Address:**

420 SOUTH ORANGE AVENUE  
SUITE 1200  
ORLANDO, FL 328014904

**New Mailing Address:**

**FEI Number:** 20-1613176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARDWELL, BAILEY N  
572 SUMMERWOOD DR  
MINNEOLA, FL 34715 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARDWELL, THOMAS J  
Address: 255 SOUTH ORANGE AVE, SUITE 1700  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM ( ) Delete  
Name: CARDWELL, BAILEY  
Address: 572 SUMMERWOOD DR  
City-St-Zip: MINNEOLA, FL 34715

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARDWELL, THOMAS J  
Address: 420 SOUTH ORANGE AVE, SUITE 1200  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: J. THOMAS CARDWELL

MGRM

01/10/2006

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