2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # L04000069767 1. Entity Name LOUIS PAPPAS MARKET CAFE - LAKESIDE LLC Mailing Address Principal Place of Business 731 WESLEY AVENUE 1318 TOWN CENTER DRIVE TARPON SPRINGS, FL 34689 LAKELAND, FL 33803 CR2E083 (11/05) 01262006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0653599 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TATE, MARK T 212 S. MAGNOLIA AVE. TAMPA, FL 33606 IN THIS SPACE 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. DATE (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM LOUIS PAPPAS RESTAURANT GROUP, LLC NAME 1648 SEABREEZE DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-712 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Disjunio Prone A

11. I hereby certify that the information supplied with this filling 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.