

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073732

FILED  
May 04, 2007  
Secretary of State

**Entity Name:** CHAO RESTAURANTS HIMMARSHEE, LLC

**Current Principal Place of Business:**

210 SW 2ND STREET  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

210 SW 2ND STREET  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-1749249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NICHOLAS, DAVID R  
210 SW 2ND ST.  
FT. LAUDERDALE, FL 33301      US

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: GAMBILL, BRADLEY A  
Address: 5 STARBOARD CENTER SUITE 0007  
City-St-Zip: BETHANY BEACH, DE 19930

Title: MGRM      ( ) Delete  
Name: NICHOLAS, DAVID R  
Address: 2661 NE 22 COURT  
City-St-Zip: POMPANO BEACH, FL 33061

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DAVID NICHOLAS

MGRM

05/04/2007

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