

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080332

Entity Name: GRILLS OF NAPLES, LLC

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

8004 TRAIL BLVD. N.
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

838 NEAPOLITAN WAY, PMB 301
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-1840727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LATORIA, RANDALL J
838 NEAPOLITAN WAY
STE 301
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

LATONA, RANDALL J
838 NEAPOLITAN WAY
STE 301
NAPLES, FL 34103 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: RANDALL J. LATONA

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LATORIA, RANDALL J
Address: 838 NEAPOLYAN WAY PMB 301
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: LATORIA, LISA A
Address: 838 NEAPOLYAN WAY PMB 301
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LATONA, RANDALL J
Address: 838 NEAPOLITAN WAY PMB 301
City-St-Zip: NAPLES, FL 34103

Title: MGRM (X) Change () Addition
Name: LATONA, LISA A
Address: 838 NEAPOLITAN WAY PMB 301
City-St-Zip: NAPLES, FL 34103

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: RANDALL J. LATONA

MR.

01/31/2006

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