

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000005357

1. Entity Name

BURRITO BROTHERS INVESTMENT LLC



Principal Place of Business

2844 PABLO AVENUE
TALLAHASSEE FL 32308
US

Mailing Address

2844 PABLO AVENUE
TALLAHASSEE FL 32308
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2269506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOBLES, ALLEN K
2844 PABLO AVENUE
TALLAHASSEE FL 32308

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 resigning)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME NOBLES, ALLEN K
STREET ADDRESS 2799 A.J. HENRY PARK DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32309

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

U000000878072
04/14/08-80040-012 138.75

TITLE MGR
NAME ZOLTEK, MICHAEL J
STREET ADDRESS 2605 PALAMINO TRAIL
CITY-ST-ZIP CRESTVIEW FL 32536

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Allen K. Nobles

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

MARCH 25, 2008 850 385 1579

Date

Daytime Phone #