

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046826

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: FOGATA STEAKHOUSE L.L.C.

## Current Principal Place of Business:

2067 DIXIE BELLE AVE  
DELTONA, FL 32725

## New Principal Place of Business:

2235 SOUTH VOLUSIA AVE  
ORANGE CITY, FL 32763

## Current Mailing Address:

PO BOX 5189  
DELTONA, FL 32738

## New Mailing Address:

FEI Number: 71-0981983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARY, MACIEL  
2067 DIXIE BELLE AVE  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

MACIEL, MARY  
2067 DIXIE BELLE AVE  
DELTONA, FL 32725 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: MARY MACIEL

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MARY, MACIEL  
Address: 2067 DIXIE BELLE AVE  
City-St-Zip: DELTONA, FL 323725

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MACIEL, MARY  
Address: 2067 DIXIE BELLE AVE  
City-St-Zip: DELTONA, FL 323725

Title: MGR ( ) Change (X) Addition  
Name: FILIPEK-WONG, LAURA B  
Address: 361 COVENT GARDENS PLACE  
City-St-Zip: DELTONA, FL 32725

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: LAURA FILIPEK-WONG

MGR

04/27/2006

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