


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State


04-10-2008 90128 008 ***138.75

DOCUMENT # L05000057016 1. Entity Name TAVERNA OPA FRANCHISE, LLC	
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Principal Place of Business 6960 NW 3RD AVENUE BOCA RATON, FL 33487	Mailing Address 6960 NW 3RD AVENUE BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE

60021555



03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2983125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TSALIAMANIS, PETER
6960 NW 3RD AVENUE
BOCA RATON, FL 33487

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TSALIAMANIS, PETER 6960 NW 3RD AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS , SOPHIA <i>THEODORE, SOPHIA</i> 6960 NW 3RD AVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TSALIAMANIS, KALLIOPE 6960 NW 3RD AVE BOCA RATON, FL 33487
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Sophia Theodore* 3/25/08 954-922-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SOPHIA THEODORE