2006 LIMITED LIABILITY COMPANY



Daytime Phone #

ANNUAL REPORT						Secretary of State				
DOCUMENT # L05000085420 1. Entity Name EAST COAST TIJUANA FLATS OF FLORIDA FRANCHISE NO. 4, LLC						02-02-2006 90093 008 ****55.00				
Principal Place of Business		Mailing Address			20004543					
2699 LEE RD, SUITE 511 WINTER PARK, FL 32789		2699 LEE RD, SUITE 511 Winter Park, FL 32789								
2 Principal P	Raco of Busin	noes	3. Mailing Address							
2. Principal Place of Business							 	: 	71111 91919 11511 991	18 B1 B1 1881
c Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172006	Chg-LLC	CR2E	083 (11/05)	· · · · · · · · · · · · · · · · · · ·
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Zip		Country	Zip	Count	try	5. Certificat	e of Status Desired	X	\$5.00 Add Fee Require	
	6. Name	and Address of Current R	tegistered Agent			7. Name an	d Address of New F	Registered	Agent	
SHAVER,	IAMES	*.			Name					
2699 LEF.	RD, SUITI				Street Address ((P.O. Box Numl	per is Not Acceptabl	le)		
AAIIATEKE	ARK, FL	32103								
					City			F	Zip Code	8
	named entit	y submits this statement for	the purpose of changing its	registere	ed office or register	red agent, or b	oth, in the State of FI	lorida. I an	n familiar with,	and accept
_	aona or regial									
SIGNATURE										
SIGNATURE .	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOTE	: Registered	d Agent signature required	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
Fi	Signature, typed illing Fee i ue by May	or printed name of registered agent an	nd title d applicable. (NOTE	Registered	d Agent signaturé réquiré	d when reinstating)	1	ke check	payable to ment of State	B
Fi	iling Fee i	or printed name of registered agent an		: Registered	d Agent signaturé réquiré	d when reinstating)	1	ke check la Departi	ment of State	в
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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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

1-25-2006 SIGNATURE:

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