# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085457

**FILED**
**Feb 28, 2007**
**Secretary of State**

**Entity Name:** EAST COAST TIJUANA FLATS OF FLORIDA FRANCHISE NO. 2, LLC

**Current Principal Place of Business:**

2699 LEE RD., SUITE 511
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

2699 LEE RD., SUITE 511
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number: 25-1924707** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHAVER, JAMES
2699 LEE RD., SUITE 511
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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: ______________________________
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: EAST COAST FLATS LLC,
Address: 2699 LEE RD, SUITE 511
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SPACE COAST FLATS OF, FLORIDA, LLC
Address: 2699 LEE RD, SUITE 511
City-St-Zip: WINTER PARK, FL 32789

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: JAMES A. SHAVER MRG 02/28/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date