

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089180

Entity Name: BISTRO 101, LLC

FILED  
Apr 21, 2006  
Secretary of State

**Current Principal Place of Business:**

140 STRAWBERRY LANE  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

140 STRAWBERRY LANE  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

FEI Number: 16-1731782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEE, BRIAN  
140 STRAWBERRY LANE  
JACKSONVILLE, FL 32259 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: P ( ) Delete  
Name: LEE, BRIAN  
Address: 140 STRAWBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32259 US

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: LEE, JULIE  
Address: 140 STRAWBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM ( ) Change (X) Addition  
Name: LEE, BRIAN  
Address: 140 STRAWBERRY LANE  
City-St-Zip: JACKSONVILLE, FL 32259 US

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: BRIAN LEE

MGRM

04/21/2006

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