2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# L05000101395

Entity Name: CAPITOL EAST RESTAURANT ASSOCIATES, LLC

Current Principal Place of Business:

500 N. WESTSHORE BLVD.
SUITE 740
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

500 N. WESTSHORE BLVD.
SUITE 740
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-3623653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANEY, R. REID
101 EAST KENNEDY BLVD., SUITE 4100
TAMPA, FL 33602 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:	GRM	( ) Delete
Name:	GLOVER, GEORGE	
Address:	500 N. WESTSHORE BLVD., SUITE 740	
City-St-Zip:	TAMPA, FL 33609	
Title:	GMR	( ) Delete
Name:	SMITH, FORD	
Address:	500 N. WESTSHORE BLVD., SUITE 740	
City-St-Zip:	TAMPA, FL 33609	
Title:	GMR	( ) Delete
Name:	GIOVENCO, NORMAN	
Address:	500 N. WESTSHORE BLVD., SUITE 740	
City-St-Zip:	TAMPA, FL 33609	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: J. NORMAN GIOVENCO MR 01/22/2008

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