## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000101395

City-St-Zip: TAMPA, FL 33609

Entity Name: CAPITOL EAST RESTAURANT ASSOCIATES, LLC

FILED Apr 22, 2009 Secretary of State

04/22/2009

Current Principal Place of Business:				New Principal Place of Business:		
500 N. WE SUITE 740 TAMPA, FL		VD.				
Current Mailing Address:				New Mailing Address:		
500 N. WE SUITE 740 TAMPA, FL		VD.				
FEI Number:	20-3623653	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HANEY, R. REID 101 EAST KENNEDY BLVD., SUITE 4100 TAMPA, FL 33602 US				GIOVENCO, NORMAN J 500 N. WESTSHORE BLVD., SUITE 740 TAMPA, FL 33609 US		
The above in the State		submits this statement for the p	purpose o	of changing its register	red office or registered agent, or both	
SIGNATURE: J. NORMAN GIOVENCO					04/22/2009	
Electronic Signature of Registered Agent					Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	GLOVER, GEO	HORE BLVD., SUITE 740		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SMITH, FORD	Delete HORE BLVD., SUITE 740 609		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	GIOVENCO, NO	Delete DRMAN HORE BLVD., SUITE 740		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: J. NORMAN GIOVENCO MGRM