

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000109231

1. Entity Name
CORINTHIAN RESTAURANT GROUP, LLC



Principal Place of Business
**706 TURNBULL AVENUE, STE. 303
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**706 TURNBULL AVENUE, STE. 303
ALTAMONTE SPRINGS, FL 32701**



04302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3780657

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**UDVARI, GEORGE R
706 TURNBULL AVENUE, STE. 303
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WRIGHT, MICHELLE
STREET ADDRESS	235 VENETIAN BAY CIRCLE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	MGRM
NAME	WRIGHT, BRIAN
STREET ADDRESS	235 VENETIAN BAY CIRCLE
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	MGRM
NAME	WRIGHT, BRADLEY
STREET ADDRESS	665 OAK HARBOUR DRIVE, UNIT 103
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	MGRM
NAME	WRIGHT, BRETT
STREET ADDRESS	300 E. GULLEY AVENUE
CITY-ST-ZIP	OAKLAND, FL 34760
TITLE	MGRM
NAME	WRIGHT, ERICA
STREET ADDRESS	300 E. GULLY AVENUE
CITY-ST-ZIP	OAKLAND, FL 34760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000751183
05/18/07-80093-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Brian Wright*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/07 487-645-3612