

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113489

Entity Name: R&T RESTAURANTS, LLC

FILED  
May 07, 2006  
Secretary of State

**Current Principal Place of Business:**

4474 WESTON ROAD  
SUITE 166  
DAVIE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

4474 WESTON ROAD  
SUITE 166  
DAVIE, FL 33331

**New Mailing Address:**

FEI Number: 20-3877626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

TALBOY RESTAURANTS, INC.  
4474 WESTON RD.  
SUITE 166  
DAVIE, FL 33331 US

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: MGRM ( ) Delete  
Name: TALBOY RESTAURANTS,, INC.  
Address: 4474 WESTON RD. SUITE 166  
City-St-Zip: DAVIE, FL 33331

Title: MGRM ( ) Delete  
Name: FERRARA RESTAURANTS,, INC.  
Address: 4712 ST. SIMON DRIVE  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES:**

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 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: RICHARD TALBOY

PRES

05/07/2006

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