

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116981

**FILED**  
**Feb 21, 2006**  
**Secretary of State**

**Entity Name:** RENZO'S CAFE WEST, LLC

**Current Principal Place of Business:**

1906 CLINT MOORE ROAD  
SUITE 2  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

3201 SOUTH OCEAN BOULEVARD  
UNIT 702  
HIGHLAND BEACH, FL 33487

**New Mailing Address:**

**FEI Number:** 13-4316887      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LORENZO, SCIORTINO  
3201 SOUTH OCEAN BOULEVARD  
UNIT 702  
HIGHLAND BEACH, FL 33487 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: MGRM ( ) Delete  
Name: LORENZO, SCIORTINO  
Address: 3201 SOUTH OCEAN BOULEVARD, #702  
City-St-Zip: HIGHLAND BEACH, FL 33487

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Delete  
Name: ROSARIA, SCIORTINO  
Address: 3201 SOUTH OCEAN BOULEVARD, #702  
City-St-Zip: HIGHLAND BEACH, FL 33487

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: LORENZO SCIORTINO      PRES      02/21/2006

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