2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State
03-06-2007 90075 016 ****50.00

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01222007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000117610

1. Entity Name
PORTOBELLO DINER, LLC

Principal Place of Business	Mailing Address
13023 PARK BLVD. SEMINOLE, FL 33776	13023 PARK BLVD. SEMINOLE, FL 33776
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 22-3919959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 32301-2960

7. Name and Address of New Registered Agent

Name: Irene Feldman
Street Address (P.O. Box Number is Not Acceptable): 13792 Oakhurst Blvd.
City: Seminole FL Zip Code: 33776

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 X Irene Feldman (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) 1-25-07 DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	FELDMAN, ACHIM	
STREET ADDRESS	13792 OAKHURST BLVD.	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	MGRM	☐ Delete
NAME	FELDMAN, IRENE	
STREET ADDRESS	13792 OAKHURST BLVD.	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X Irene Feldman (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) 1-25-07 (Date) 727-6878254 (Daytime Phone #)