## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000117610

1. Entity Name PORTOBELLO DINER, LLC



Principal Place of Business

13023 PARK BLVD. SEMINOLE, FL 33776 Mailing Address

13023 PARK BLVD. SEMINOLE, FL 33776

## FILED Feb 15, 2008 08:00 AM Secretary of State



01312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
22-3919959

S. Certificate of Status Desired

\$5.00 Additional Fee Required

. ....

5. Name and Address of Current Registered Agent

FELDMAN, IRENE 13792 OAKHURST BLVD SEMINOLE, FL 33776 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	. Lam	familiar with, ar	nd 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

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000829361 02/26/08-80036-025 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELDMAN, ACHIM 13792 OAKHURST BLVD. SEMINOLE, FL 33776
NAME STREET ADDRESS CITY-SI-ZIP	MGRM FELDMAN, IRENE 13792 OAKHURST BLVD. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
NITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby o	certify that the information supplied with this filing does not qualify for the ex

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:X\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

×1. 10-08 ×127-394-8449