


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90085 023 ****50.00

DOCUMENT # L05000119455	
1. Entity Name ORIGINAL MARYLAND FRIED CHICKEN LLC	

Principal Place of Business 1660 N. ORANGE BLOSSOM TRAIL, SUITE D APOPKA, FL 32703	Mailing Address 1660 N. ORANGE BLOSSOM TRAIL, SUITE D APOPKA, FL 32703
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2. Principal Place of Business 1672 S. Orange Blossom Tr.	3. Mailing Address 424 April Ln.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APOPKA, FL	City & State Apopka, FL
Zip 32703	Zip 32712
Country USA	Country USA



08012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1947446		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent COSTANTINE, ROBERT 1660 N. ORANGE BLOSSOM TRAIL, SUITE D APOPKA, FL 32703		
7. Name and Address of New Registered Agent Name Same as current Street Address (P.O. Box Number is Not Acceptable) 1672 S. Orange Blossom Trail City Apopka FL 32703		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSTANTINE, ROBERT, TRUSTEE 1660 N. ORANGE BLOSSOM TRAIL, SUITE D APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition

Please note that our business address was completely changed by the Apopka post office.

Please send any future mailings to our home address (mailing address) to prevent any loss or delay. Thank-you

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 *Robert Costantine* 8-1-06