

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121625

FILED
Mar 25, 2009
Secretary of State

Entity Name: ORLANDO RESTAURANT MANAGEMENT GROUP, LLC

Current Principal Place of Business:

5516 WHITE HERON PLACE
OVIEDO, FL 32765

New Principal Place of Business:

1275 OVIEDO MARKETPLACE BLVD
OVIEDO, FL 32765

Current Mailing Address:

5516 WHITE HERON PLACE
OVIEDO, FL 32765

New Mailing Address:

1275 OVIEDO MARKETPLACE BLVD
OVIEDO, FL 32765

FEI Number: 21-0132661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901 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: GREEN, CRAIG A
Address: 5516 WHITE HERON PLACE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: GREEN, TRACI R
Address: 5516 WHITE HERON PLACE
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: GREEN, ROBERT J JR
Address: 298 SANAY RUN
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

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

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 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: CRAIG GREEN

MGRM

03/25/2009

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