

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020483

FILED
Apr 24, 2007
Secretary of State

Entity Name: MILANS ITALIAN RESTAURANT LLC

Current Principal Place of Business:

6545 BOYNTON BEACH BOULEVARD
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

1880 N CONGRESS AVENUE
#190
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

283 SECOND STREET PIKE
SUITE 150
SOUTHAMPTON, PA 18966 US

New Mailing Address:

1515 N FEDERAL HIGHWAY
SUITE 450
BOCA RATON, FL 33432 US

FEI Number: 20-5954280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELEVIE, MARK N
1515 N. FEDERAL HIGHWAY, SUITE 450
BOCA RATON, FL 33432 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: H KATZ CAPITAL GROUP, , INC.
Address: 283 SECOND STREET PIKE, SUITE 150
City-St-Zip: SOUTHAMPTON, PA 18966 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: ORCHARD RESTAURANTS,, L.C.
Address: 1515 N FEDERAL HIGHWAY, SUITE 405
City-St-Zip: BOCA RATON, FL 33432

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: JAMSHID KEYNEJAD

MGRM

04/24/2007

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