

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90438 011 ****50.00

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03292007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000022758 1. Entity Name SAN MARCOS RESTAURANT, LLC					
Principal Place of Business 3252 PATTON STREET SARASOTA, FL 34236			Mailing Address 3252 PATTON STREET SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # 3351 17th STREET		3. Mailing Address P.O. BOX 19152			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 20-4416992	
Zip 34235		Country SARASOTA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34235		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPMAN, KENNETH D JR 1920 GOLF STREET SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name JUAN PEDROZA Street Address (P.O. Box Number is Not Acceptable) 2620 GRAND CAYMAN STREET City SARASOTA FL 34231		
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 Pedroza 3/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEDROZA, JUAN 2620 GRAND CAYMAN STREET SARASOTA, FL 39321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Pedroza <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/30/07 <small>Date Daytime Phone #</small>		