

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064452

FILED
Apr 18, 2007
Secretary of State

Entity Name: LORELEI RESTAURANT ASSOCIATES LLC

Current Principal Place of Business:

PO BOX 489
ISLAMORADA, FL 33036 US

New Principal Place of Business:

96 MADEIRA RD
ISLAMORADA, FL 33036 US

Current Mailing Address:

PO BOX 489
ISLAMORADA, FL 33036 US

New Mailing Address:

PO BOX 549
ISLAMORADA, FL 33036 US

FEI Number: 20-5099919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDBACK, CARL E III
82539 OLD HIGHWAY
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

TOOLE, JOHN D III
96 MADEIRA RD.
ISLAMORADA, FL 33036 US

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: JOHN DAVID TOOLE, III

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LINDBACK, CARL E III
Address: PO BOX 489
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM (X) Delete
Name: FILLICHIO, BENEDICT J
Address: 1485 N. PARK DRIVE
City-St-Zip: WESTON, FL 33326 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOOLE, JOHN D III
Address: PO BOX 489
City-St-Zip: ISLAMORADA, FL 33036

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

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: JOHN DAVID TOOLE, III

MGRM

04/18/2007

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