

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067583

FILED
Mar 02, 2007
Secretary of State

Entity Name: ORLANDO RESTAURANT VENTURES, LLC.

Current Principal Place of Business:

2111 E. MICHIGAN ST
SUITE 130
ORLANDO, FL 32806

New Principal Place of Business:

2911 CANOE CREEK ROAD
SAINT CLOUD, FL 32772

Current Mailing Address:

2111 E. MICHIGAN ST
SUITE 130
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 20-5155158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DYCE, JAMES P
2111 E. MICHIGAN ST
SUITE 130
ORLANDO, FL 32806 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: MGR () Delete
Name: LILLY, CHARLES JR
Address: 7245 BRIDLE PATH
City-St-Zip: ST. CLOUD, FL 34771

Title: MGR () Delete
Name: HESS, SHANE D
Address: 12045 NARCOOSSEE ROAD
City-St-Zip: ORLANDO, FL 32827

Title: MGR () Delete
Name: DYCE, JAMES P
Address: 2918 CULLEN LAKE SHORE DR
City-St-Zip: ORLANDO, FL 32812

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 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: JAMES DYCE

MGR

03/02/2007

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