

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070799

FILED
May 07, 2007
Secretary of State

Entity Name: RIZZO'S FINE ITALIAN CUISINE, LLC

Current Principal Place of Business:

218 SW QUINCY TERRACE
LAKE CITY, FL 32024 US

New Principal Place of Business:

910 SISTERS WELCOME RD.
SUITE 108
LAKE CITY, FL 32025 US

Current Mailing Address:

218 SW QUINCY TERRACE
LAKE CITY, FL 32024 US

New Mailing Address:

7200 SW 8TH AVE.
UNIT P-97
GAINESVILLE, FL 32607 US

FEI Number: 20-5218676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OTERO, ALFRED
7200 SW 8TH AVENUE
P97
GAINESVILLE, FL 32607 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: LYNN, NATHANIEL R
Address: 218 SW QUINCY TERRACE
City-St-Zip: LAKE CITY, FL 32024 US

Title: MGRM () Delete
Name: OTERO, ALFRED
Address: 7200 SW 8TH AVENUE, APARTMENT P97
City-St-Zip: GAINESVILLE, FL 32607 US

ADDITIONS/CHANGES:

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: ALFRED OTERO

MGRM

05/07/2007

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