Amended

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

PENDING
05-01-2007 90327 048 ****55.00
L06000077480

FILED

2007 AUG 20 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04182007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000077480

1. Entity Name
OLIO RESTAURANT OF NAPLES, LLC

Principal Place of Business	Mailing Address
~~365 FIFTH AVENUE NORTH, SUITE 201~~ ~~NAPLES, FL 34102~~	~~365 FIFTH AVENUE NORTH, SUITE 201~~ ~~NAPLES, FL 34102~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105 City & State	3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105 City & State
Zip / Country	Zip / Country

4. FEI Number 26-0619591 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GFPAC SERVICES, LLC 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete	TITLE: ~~MGRM~~ NAME: ANTARAMIAN, JACK STREET ADDRESS: 3530 KRAFT ROAD SUITE 300 CITY-ST-ZIP: NAPLES, FL 34105	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: VP NAME: MACIVOR, THOMAS A STREET ADDRESS: 3530 KRAFT ROAD SUITE 300 CITY-ST-ZIP: NAPLES, FL 34105	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Thomas A. MacIvor 4/24/07 (239) 434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #