


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000077480</b> 1. Entity Name OLIO RESTAURANT OF NAPLES, LLC	
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Principal Place of Business 3530 KRAFT RD SUITE 300 NAPLES, FL 34105	Mailing Address 3530 KRAFT RD SUITE 300 NAPLES, FL 34105
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02122008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 26-0619591	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GFPAC SERVICES, LLC 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108
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**DO NOT WRITE  
IN THIS SPACE**

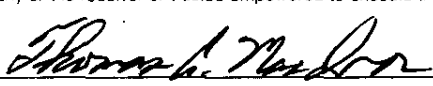
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

110000000077480  
05/05/08-80039-013 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACIVOR, THOMAS 3530 KRAFT RD. SUITE 300 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANTARAMIAN, JACK 3530 KRAFT RD SUTIE 300 NAPLES, FL 34105
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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: 	3/31/08	(239) 434-0600
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		