2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

DOCUMENT # L06000078994 1. Entity Name TAQUERIA EL REY, LLC					04-19-2007	90036 021 ****5	50.00	
Principal Plac	e of Business	Mailing Address						
600 MONICA		600 MONICA ROSE DR						
APOPKA, FL	32703 US	APOPKA, FL 32703 l	JS					
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2. Principal Place of Business - No P.O. Box # 14266 E COLONIAL DR		3. Mailing Address 10101 Eastmar Comm		owner.				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04162007	Chg-LLC	CR2E083 (12/06)		
City & State	es F	City & State	7	4. FEI Numi			plied For	
Zip	Country	ORUANDO, P	Country	~ ~ ~ ~ ~)-5357 3		t Applicable	
3282.			がようでの	5. Certificat	e of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New R	egistered Agent	•	
DEDEZ DOMEDO ELISCO				Name ELISEO PEREZ-ROMERO				
PEREZ-ROMERO, ELISEO 600 MONICA ROSE DRIVE				ddress (P.O. Box Num	per is Not Acceptable		10.	
APOPKA,	FL 32703		/ S	DIOL EA.	IMAR 60	MMOW	2973	
	12							
je				RUMBO		FL Zip Code	25	
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 FLISTS PETEZ - ROMERO 4/16/07 Signature required when reinstating) DATE								
- 7								
1 *								
	iling Fee is \$50.00 ue by May 1, 2007					check payable to Department of State	e	
9.	ue by May 1, 2007 MANAGING MEMBE		10.			Department of State		
9.	MANAGING MEMBE	RS/MANAGERS	TITLE		Florida	Department of State	Addition	
9.	MANAGING MEMBE MGRM PEREZ-ROMERO, ELISEO		TITLE NAME	Join Cas	Florida ADDITIONS/	Department of State CHANGES Change	Addition	
9. TITLE NAME	MANAGING MEMBE		TITLE	10101 EAS	ADDITIONS/	CHANGES Change	Addition	
9. FITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM PEREZ-ROMERO, ELISEO 600 MONICA ROSE DRIVE		TITLE NAME STREET ADDRESS	10101 EAS	ADDITIONS/	CHANGES Change	Addition	
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11. I hereby certify that the information supplied with this filing does not quality 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 oaltr, that I am a managing member or manager of the limited liability company or the receiver or trustee empewored to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ELISED PEREZ-ROMERO 4/16/07 321-439-870 signature and typed or printed name of Signing Managing Member, Manager, or authorized representative Dale Daytore Prone #