

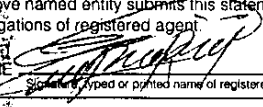
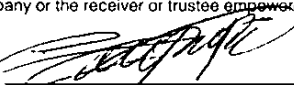


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2007 90036 021 ****50.00

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # L06000078994 | | | |  | |
| 1. Entity Name TAQUERIA EL REY, LLC | | | | | |
| Principal Place of Business 600 MONICA ROSE DR APOPKA, FL 32703 US | | | Mailing Address 600 MONICA ROSE DR APOPKA, FL 32703 US | | |
| 2. Principal Place of Business - No P.O. Box # 14266 E COLONIAL DR | | 3. Mailing Address 10101 Eastmar Commons | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. #2223 | | 04162007 Chg-LLC CR2E083 (12/06) | |
| City & State ORLANDO, FL | | City & State ORLANDO, FL | | 4. FEI Number 20-5357313 | |
| Zip 32825 | | Country ORANGE | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEREZ-ROMERO, ELISEO 600 MONICA ROSE DRIVE APOPKA, FL 32703 | | | 7. Name and Address of New Registered Agent Name: ELISEO PEREZ-ROMERO Street Address (P.O. Box Number is Not Acceptable): 10101 EASTMAR COMMONS #2223 City: ORLANDO FL Zip Code: 32825 | | |
| 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:  ELISEO PEREZ-ROMERO 4/16/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | MGRM PEREZ-ROMERO, ELISEO 600 MONICA ROSE DRIVE APOPKA, FL 32703 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 10101 EASTMAR COMMONS #2223 ORLANDO, FL 32825 | |
| <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | ELISEO PEREZ-ROMERO 4/16/07 321-439-8705 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |