

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090367

Entity Name: EMILIANO'S CAFE, L.L.C.

FILED
Jul 09, 2007
Secretary of State

Current Principal Place of Business:

7 SOUTHEAST 1ST AVE.
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

7 SOUTHEAST 1ST AVE.
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-5593854 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:

Name and Address of New Registered Agent:

KRUEGER, SCOTT DAVID
2750 NORTHWEST 43RD STREET
SUITE 201
GAINESVILLE, FL 32606 US

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: MGR () Delete
Name: DE PAZ, WANDA
Address: 7 SOUTHEAST 1ST AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR () Delete
Name: DE PAZ, ALIDA
Address: 7 SOUTHEAST 1ST AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR () Delete
Name: DE PAZ, OSCAR B
Address: 7 SOUTHEAST 1ST AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: MGR () Delete
Name: BRANNEN, JESSE
Address: 7 SOUTHEAST 1ST AVE.
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WANDA DE PAZ

MGR

07/09/2007

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