

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000093239

FILED
May 16, 2007
Secretary of State

Entity Name: BAYVIEW RESTAURANTS, LLC

Current Principal Place of Business:

3001 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

3001 EAST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 42-1714982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUCOLLARI, ARBEN
5890 NE 21 DRIVE
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: MUCOLLARI, ARBEN GM
Address: 5890 NE 21 DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: SPANOS, CATHERINE
Address: 2585 SE 9 STREET
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGR () Delete
Name: CIRIACO, STEPHEN
Address: 8212 NW 8 PLACE
City-St-Zip: PLANTATION, FL 33324

Title: MGR (X) Delete
Name: ZHERKA, DURIME P
Address: 3001 EAST COMMERCIAL BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ZHERKA, DURIME P
Address: 5700 NE 22 WAY, APT 305
City-St-Zip: FORT LAUDERDALE, FL 33308

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: ARBEN MUCOLLARI

MGRM

05/16/2007

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