

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90436 023 ****55.00

DOCUMENT # L06000100798 1. Entity Name ALOR RESTAURANT GROUP, LLC					
Principal Place of Business 3354 N OCEAN BLVD FORT LAUDERDALE, FL 33308 US			Mailing Address 1348 SE 8TH STREET DEERFIELD BEACH, FL 33441 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3354 N. OCEAN BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State FORT LAUDERDALE, FL		4. FEI Number 20-5800569	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Country		03222007 Chg-LLC CR2E083 (12/06)	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRASSI, ROBERT J JR 1348 SE 8TH STREET DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGR GRASSI, ROBERT J JR 1348 SE 8TH STREET DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREDERICK, PAUL M 630 SW 16TH STREET BOCA RATON, FL 33486	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: X <i>Paul M. Frederick</i>		X 3-29-07 X 9545643671			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
PAUL M. FREDERICK, MG. MEMBER					