2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED 8 Aug 28, 2008 8:00 am Secretary of State

DOCUM  1. Entity Name	.		Secretary of State 08-11-2008 90028 010 ***538.75						
DAVE'S ELL	ENTON CAFE LLC		`						
Principal Place of Business 7044 US HWY 301 NORTH ELLENTON FL 34222 US		Mailing Address 7044 US HWY 301 NORTH ELLENTON FL 34222 US							
2. Principal Place of Business - No P.O. Box #		Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc			2nd MOORE CR2E083 (4/08)				
City & State		City & State			4. FEI Nurr スロー	82669	66	— <del>                                    </del>	pplied For of Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
7044 U	EY, DAVID IS HWY 301 NORTH TON FL 34222			Street Address (P.O. Box Number is Not Acceptable)					
ELLEN	TON FC 34222			0					
8. The above par	ned entity submits this statement for	the outgoing at changing its re		City	ad agent or i	note to the State of	FL	Zip Cod	
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  SIGNATURE  INOTE Registered Agent up alice request agent agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.  NOTE Registered Agent up alice request agent ag									
At the son	FILE NOV Make Check Payable	FILE NOW!!! FEE IS \$538.75 heck Payable to Florida Departme Due By September 3, 2008		S.607.193(2)(b).F.S., allows for the waiver of the \$400.00					
9.	MANAGING MEMBER		10.			ADDITION	S/CHANGES		
NAME BA STREET ADDRESS 704	RM RNEY, DAVID 44 US HWY 301 NORTH LENTON FL 34222	□ Delete	NAME STREET CITY-ST	ADDRESS 1-ZIP				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ Deixte	NAME STREET A CITY-ST	ADDRESS T-ZIP				Change	☐ Addition
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	<u>.</u>	☐ Delete	TATLE MAINE STREET A CITY-ST	ADDRESS T-ZIP				Change	Acdition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delone	TITLE NAME STREET : CITY-ST	AUDRESS 1-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S7-ZIP		☐ Oelcte	TITLE HAME STREET A CITY-ST	ADDRESS 1-zip				Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		Octobe	TITLE NAME STREET	ADORESS T-ZIP				Change	Addition
11. Thereby 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Days To Pays of State Of Pa									