


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90025 016 \*\*\*138.75

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # L07000011347</b><br>1. Entity Name<br><b>COMMERCIAL RESTAURANTS LLC</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>6222 WILD ORCHID DR<br/>LITHIA, FL 33547</b>   |   |   | Mailing Address<br><b>6222 WILD ORCHID DR<br/>LITHIA, FL 33547</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3302 W. Shell Point Rd.</b>   |   | 3. Mailing Address<br>Suite, Apt. #, etc. |  |  |  |
| City & State<br><b>Ruskin, FL.</b>   |   | City & State                              |  | 4. FEI Number<br><b>20-8962263</b>   |  |
| Zip<br><b>33570</b>  |   | Country<br><b>USA</b>                     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JENSEN, CLYDE<br/>6222 WILD ORCHID DR<br/>LITHIA, FL 33547</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Hines Norman Hines, P.L.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>315 S. Hyde Park Ave.</b><br>City <b>Tampa</b> <b>FL</b> Zip Code <b>33606</b> |  |
| 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.<br>SIGNATURE <u><i>Clyde Jensen</i></u> DATE <u><b>4/30/08</b></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |   | <b>Make check payable to<br/>Florida Department of State</b>       |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>                                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>JENSEN, CLYDE<br>6222 WILD ORCHID DR<br>LITHIA, FL 33547        | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>RAYSBROOK, JAMES<br>3230 W. SHELL POINT RD.<br>RUSKIN, FL 33570 | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3302 W. Shell Point Rd.</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Raffaele, Marco<br>11016 US Hwy 301 S.<br>Riverview FL 33569    | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |  |  |  |
| <b>SIGNATURE:</b> <u><i>[Signature]</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   | Date <u><b>4/30/08</b></u> Daytime Phone #                         |  |  |