

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012132

Entity Name: TIJUANA FLATS #1612 LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1270 NORTH WICKHAM ROAD
UNIT 2&3
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 929
OAKLAND, FL 34760 US

New Mailing Address:

16207 WEST STATE ROAD 50
SUITE 401
CLERMONT, FL 34711 US

FEI Number: 25-8445148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPACE COAST FLATS OF FLORIDA, LLC
300 TUBB STREET
OAKLAND, FL 34760 US

Name and Address of New Registered Agent:

SPACE COAST FLATS OF FLORIDA, LLC
16207 WEST STATE ROAD 50
SUITE 401
CLERMONT, FL 34711 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPACE COAST FLATS OF FLORIDA, LLC
Address: PO BOX 929
City-St-Zip: OAKLAND, FL 34760 US

Title: MGRM () Delete
Name: TS RESTAURANTS LLC
Address: 19 RICHMOND DR
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SPACE COAST FLATS OF FLORIDA, LLC
Address: 16207 WEST STATE ROAD 50, SUITE 401
City-St-Zip: CLERMONT, FL 34711 US

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: TONY SPERRAZZA

MGR

04/30/2009

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