

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027072

FILED
Jan 16, 2009
Secretary of State

Entity Name: RANCHERO CAFE & RESTAURANT, LLC

Current Principal Place of Business:

344 N. RIDGEWOOD DRIVE
SEBRING, FL 33870

New Principal Place of Business:

344 N. RIDGEWOOD DRIVE
SEBRING, FL 33870 US

Current Mailing Address:

365 S. PINE HILL AVENUE
AVON PARK, FL 33825

New Mailing Address:

344 N. RIDGEWOOD DRIVE
SEBRING, FL 33870 US

FEI Number: 20-8613703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, JAIRO N
365 S. PINE HILL AVENUE
AVON PARK, FL 33825 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: TORRES, JOSE M
Address: 365 S. PINE HILL AVENUE
City-St-Zip: AVON PARK, FL 33825

Title: MGRM () Delete
Name: TORRES, REBECA
Address: 365 S. COMMERCE AVENUE
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TORRES, JOSE M
Address: 365 S. PINE HILL AVENUE
City-St-Zip: AVON PARK, FL 33825 US

Title: MGRM (X) Change () Addition
Name: TORRES, REBECA
Address: 365 S. PINE HILL AVENUE
City-St-Zip: AVON PARK, FL 33825 US

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: JOSE M. TORRES

MGRM

01/16/2009

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