

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055928

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: OPHELIA'S PASTA HOUSE LLC

## Current Principal Place of Business:

1097 N. TAMIAMI TRAIL  
NOKOMIS, FL 34275

## New Principal Place of Business:

## Current Mailing Address:

7044 US HWY 301 NORTH  
ELLENTON, FL 34222

## New Mailing Address:

1097 N. TAMIAMI TRAIL  
NOKOMIS, FL 34275

FEI Number: 84-1686714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARNEY, DAVID  
4044 US HWY 301 NORTH  
ELLENTON, FL 34222 US

## Name and Address of New Registered Agent:

CHAMPLIN, JAMES R  
1097 TAMIAMI TRAIL N STE A  
NOKOMIS, FL 34275 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: JAMES R CHAMPLIN

01/15/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BARNEY, DAVID  
Address: 3336 STEPHANIE LANE  
City-St-Zip: ELLENTON, FL 34222

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CHAMPLIN, JAMES R  
Address: 1097 TAMIAMI TRAIL N. STE A  
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM ( ) Change (X) Addition  
Name: CHAMPLIN, NANCY  
Address: 1097 TAMIAMI TRAIL N STE A  
City-St-Zip: NOKOMIS, FL 34275

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: JAMES R CHAMPLIN

MGRM

01/15/2008

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