

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034805

FILED
Apr 13, 2009
Secretary of State

Entity Name: MICHAEL'S FINE DINING, L.L.C.

Current Principal Place of Business:

325 SHADY LANE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

325 SHADY LANE
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 26-2425911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, E. ROLLINS II, ESQ
1626 90TH AVE.
VERO BEACH, FL 32966 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: () Delete
Name:
Address:
City-St-Zip:

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

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

ADDITIONS/CHANGES:

Title: MM () Change (X) Addition
Name: COSGROVE, MICHAEL P
Address: 325 SHADY LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MM () Change (X) Addition
Name: COSGROVE, LINDA
Address: 325 SHADY LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MM () Change (X) Addition
Name: MAGANA, GINA
Address: 325 SHADY LANE
City-St-Zip: PORT ST. LUCIE, FL 34952

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: MICHAEL COSGROVE

MM

04/13/2009

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