2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046808

Entity Name: LUPE'S TACOS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
318 TAMIAMI TRAIL 117 PUNTA GORDA, FL 33950 US	

Current Mailing Address:	**New Mailing Address:**
318 TAMIAMI TRAIL 117 PUNTA GORDA, FL 33950 US	

FEI Number: 26-2591539   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RITCHIE-BEARER, LILLIAN 2616 VIA VENETO DRIVE PUNTA GORDA, FL 33950 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: _____

                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	RITCHIE-BEARER, LILLIAN	Name:	
Address:	318 TAMIAMI TRAIL, UNIT 117	Address:	
City-St-Zip:	PUNTA GORDA, FL 33950 US	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	RITCHIE, TIMOTHY M	Name:	
Address:	318 TAMIAMI TRAIL, UNIT 117	Address:	
City-St-Zip:	PUNTA GORDA, FL 33950 US	City-St-Zip:	

Title:	( ) Delete	Title:	PTR ( ) Change (X) Addition
Name:		Name:	HILLIARD, KIRK L JR
Address:		Address:	6689 MASEFIELD STREET
City-St-Zip:		City-St-Zip:	WORTHINGTON,, OH 43085 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: LILLIAN RITCHIE-BEARER   MGR   04/29/2009

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