2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L08000088063

Entity Name: CIRO'S CAFFE, LLC

Current Principal Place of Business:

4419 DEL PRADO BLVD
5
CAPE CORAL, FL 33906 US

New Principal Place of Business:

4419 DEL PRADO BLVD
5
CAPE CORAL, FL 33904 US

Current Mailing Address:

7570 NW 14 ST
114
MIAMI, FL 33126 US

New Mailing Address:

4419 DEL PRADO BLVD
5
CAPE CORAL, FL 33904 US

FEI Number: 26-3371781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, MILENE
4419 DEL PRADO BLVD
5
CAPE CORAL, FL 33906 US

Name and Address of New Registered Agent:

NURMOHAMED, LISA A
1503 NE 9 STREET
CAPE CORAL, FL 33909 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: LISA NURMOHAMED 01/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MARTINEZ, MILENE
Address: 4419 DEL PRADO BLVD #5
City-St-Zip: CAPE CORAL, FL 33906 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NURMOHAMED, LISA A
Address: 4419 DEL PRADO BLVD #5
City-St-Zip: CAPE CORAL, FL 33904 US

Title: MGR ( ) Change (X) Addition
Name: RAO, PETER D
Address: 4419 DEL PRADO BLVD #5
City-St-Zip: CAPE CORAL, FL 33904 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: PETER RAO MNG 01/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date