

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002453

FILED  
May 11, 2005  
Secretary of State

Entity Name: ORCHARD RESTAURANTS, L.C.

## Current Principal Place of Business:

333 WEST CAMINO GARDENS BOULEVARD  
BOCA RATON, FL 33432

## New Principal Place of Business:

333 WEST CAMINO GARDENS BOULEVARD  
SUITE 201  
BOCA RATON, FL 33432

## Current Mailing Address:

333 WEST CAMINO GARDENS BOULEVARD  
BOCA RATON, FL 33432

## New Mailing Address:

333 WEST CAMINO GARDENS BOULEVARD  
SUITE 201  
BOCA RATON, FL 33432

FEI Number: 65-0920335      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

KEYNEJAD, JAMSHID  
333 WEST CAMINO GARDENS BOULEVARD  
BOCA RATON, FL 33432      US

## Name and Address of New Registered Agent:

DELEVIE, MARK N  
1515 NORTH FEDERAL HIGHWAY  
SUITE 405  
BOCA RATON, FL 33432 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: MARK N. DELEVIE

05/11/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR      ( ) Delete  
Name: KEYNEJAD, JAMSHID  
Address: 333 WEST CAMINO GARDENS BOULEVARD  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: KEYNEJAD, JAMSHID  
Address: 333 WEST CAMINO GARDENS BOULEVARD, #201  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMSHID KEYNEJAD

MGR

05/11/2005

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