

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000004632

FILED
Mar 01, 2002 8:00 AM
Secretary of State

Entity Name: MONTECRISTO ITALIAN GRILL, LLC

Current Principal Place of Business:

1103 FLORIDA AVENUE
SUITE 4
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

1103 FLORIDA AVENUE
SUITE 4
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3590303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, ROSE M
1103 FLORIDA AVENUE, SUITE 4
PALM HARBOR, FL 34683 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/MEMBERS:

Title: MGR () Delete
Name: GAGLIARDI, INNOCENZO M
Address: 1103 FLORIDA AVENUE SUITE 4
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR (X) Delete
Name: PANEBIANCO, FRANCO
Address: 1103 FLORIDA AVENUE SUITE 4
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR (X) Delete
Name: SION, GREGORY G
Address: 1103 FLORIDA AVENUE SUITE 4
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: INNOCENZO GAGLIARDI

MGR

03/01/2002

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