

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000580

FILED
Jul 21, 2005
Secretary of State

Entity Name: STEAK QUAKE L.L.C.

Current Principal Place of Business:

1705 NORTH AMERICAN STREET
PHILADELPHIA, PA 19122

New Principal Place of Business:

8447 BOWDEN WAY
WINDERMERE, FL 34786

Current Mailing Address:

1705 NORTH AMERICAN STREET
PHILADELPHIA, PA 19122

New Mailing Address:

8447 BOWDEN WAY
WINDERMERE, FL 34786

FEI Number: 42-1572343 **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:

KANELLOPOULOS, TED
7542 UNIVERSITY BLVD.
UNIGOLD SHOPPING CENTER, SPACE 27-28
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

KANELLOPOULOS, TED
8447 BOWDEN WAY
WINDERMERE, FL 34786 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: _____

07/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KANELLOPOULOS, TED
Address: 1705 NORTH AMERICAN STREET
City-St-Zip: PHILADELPHIA, PA 19122

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KANELLOPOULOS, TED
Address: 8447 BOWDEN WAY
City-St-Zip: WINDERMERE, FL 34786

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: TED KANELLOPOULOS

MGR

07/21/2005

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