2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035504

1. Entity Name

MOE'S SOUTHWEST GRILL BRUCE B DOWNS LLC



17509 PRESERVE WALK LANE TAMPA, FL 33629

Principal Place of Business

Mailing Address 6020 Winthrop Town Centre Avenue Riverview, FL 33569 FILED
Apr 02, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0527418

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable

MANAGING MEMBERS/MANAGERS

FRIEL, ANTONY G 6020 WINTHROP TOWN CENTRE AVENUE RIVERVIEW, FL 33569

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accepted obligations of registered agent.	pt
SI	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

MODIA

NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISSER, MICHAEL D 6020 WINTHROP TOWN CENTRE AVENUE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEL, ANTONY G 6020 WINTHROP TOWN CENTRE AVENUE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·
TITLE NAME STREET ADDRESS CITY-ST-7IP	

U00000685766 04/09/07-80018-024 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/07

Daytime Phone