


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # L03000054595 1. Entity Name MANDARIN BBQ, LLC	
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Principal Place of Business 2605 S.W. 33RD STREET, BLDG. 200 OCALA, FL 34474	Mailing Address 2605 S.W. 33RD STREET, BLDG. 200 OCALA, FL 34474
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03282007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0854725	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KIRKPATRICK, KENNETH B 2605 S.W. 33RD STREET, BLDG. 200 OCALA, FL 34474

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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	KIRKPATRICK, KENNETH B
STREET ADDRESS	2605 S.W. 33RD STREET, BLDG. 200
CITY-ST-ZIP	OCALA, FL 34474
TITLE	MGRM
NAME	DIXON, WESLEY E JR.
STREET ADDRESS	P.O. BOX 133
CITY-ST-ZIP	MCINTOSH, FL 32664
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000702698

04/20/07-80108-020 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: *Ken Kirkpatrick* **Ken Kirkpatrick** 4/10/07 620-2514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #