

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028918

Entity Name: RESTAURANTFRANCHISE.COM, LLC

FILED  
Apr 18, 2005  
Secretary of State

**Current Principal Place of Business:**

809 S. TENNESSEE BLVD., STE. 162  
MURFREESBORO, TN 37130

**New Principal Place of Business:**

4437 KINGSTON PIKE  
SUITE 104  
KNOXVILLE, TN 37919

**Current Mailing Address:**

809 S. TENNESSEE BLVD., STE. 162  
MURFREESBORO, TN 37130

**New Mailing Address:**

4437 KINGSTON PIKE  
SUITE 104  
KNOXVILLE, TN 37919

FEI Number: 20-1012111

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MARXMILLER, CHRIS  
Address: 4437 KINGSTON PIKE, STE 104  
City-St-Zip: KNOXVILLE, TN 37919

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: CHRIS MARXMILLER

MGR

04/18/2005

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