

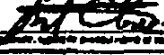



FILED
 Jun 04, 2007 8:00 am
 Secretary of State

04-25-2007 90036 006 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L08000068519				30009669	
1. Entity Name MZGRILLE, LLC					
Principal Place of Business 280 2ND STREET WEST TIERRA VERDE, FL 33715		Mailing Address 280 2ND STREET WEST TIERRA VERDE, FL 33715			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State			
Zip	County	Zip	County	04062007	Chg-LLC
4. FEI Number 26-0144458		5. Occurrence of Service Dated		CR26083 (12/06)	
6. Filing Fee \$5.00 Additional Fee Required		7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
GROSS, MARK C 280 2ND STREET WEST TIERRA VERDE, FL 33715		Name		Name	
		Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
		City		City	
		FL		Zip Code	
9. The above person only submits the statements for the purpose of changing to registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registration.					
SIGNATURE 		DATE		DATE	
FILING Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
B. MANAGING MEMBERS/MANAGERS			C. ADDITIONS/CHANGES		
ROLE NAME STREET ADDRESS CITY-STATE-ZIP	GROSS, MARK C 280 2ND STREET WEST TIERRA VERDE, FL 33715 547-70-2098 DOB 3b-ko	<input type="checkbox"/> Delete	ROLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ROLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	ROLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ROLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	ROLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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ROLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete	ROLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. I hereby certify that the information specified 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 recipient of the fee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		Mark C Gross		4/23/07 727-269-0674	