2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35593

Title:

Name:

Address:

City-St-Zip:

TCFO

(X) Delete

8215 ROSWELL ROAD, BLDG 600

BENN, W DOUGLAS

ATLANTA, GA 30350

FILED Jan 09, 2008 Secretary of State

Entity Nam	ie: RARE HOS	SPITALITY INTERNATIONAL,	INC.					
Current Principal Place of Business:				New Principal Place of Business:				
8215 ROSWELL RD. BLDG 600 ATLANTA, GA 30350				6100 LAKE ELLENOR DRIVE ORLANDO, FL 328094634 US				
Current Mailing Address:				New Mailing Address:				
8215 ROSWELL RD. BLDG 600 ATLANTA, GA 30350				6100 LAKE ELLENOR DRIVE CORPORATE TAX DEPT ORLANDO, FL 328094634 US				
FEI Number:	58-1498312	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status	s Desired()	
Name and Address of Current Registered Agent: Name					e and Address of New Registered Agent:			
1200 SOUT PLANTATION The above in			urpose o	f changing it	s registered of	ffice or registered	agent, or both,	
in the State								
SIGNATURE: Electronic Signature of Registered Agent				Date				
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	D () E CHAPMAN, DON 8215 ROSWELL ATLANTA, GA 30	RD BLDG 600		Title: Name: Address: City-St-Zip:	PTD (X) WHITE, WILLIA 5900 LAKE ELL ORLANDO, FL	ENOR DRIVE		
Title: Name: Address: City-St-Zip:	BYRD, CAROLYN	ROAD BLDG 600		Title: Name: Address: City-St-Zip:	VPS (X) ABNEY, E. CHA 5900 LAKE ELL ORLANDO, FL	ENOR DRIVE		

Title: (X) Delete Title: () Change () Addition SAN MARTIN, RONALD W Name: Name: Address:

8215 ROSWELL ROAD, BLDG 600 Address: ATLANTA, GA 30350 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM R. WHITE, III PTD 01/09/2008

() Change () Addition