

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000083094

1. Entity Name
FIREHOUSE OF AMERICA, LLC



Principal Place of Business
**3410 KORI ROAD
JACKSONVILLE, FL 32257**

Mailing Address
**3410 KORI ROAD
JACKSONVILLE, FL 32257**



02202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0824932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SORENSEN, ROBIN O
3410 KORI ROAD
JACKSONVILLE, FL 32257**

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

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIREHOUSE RESTAURANT GROUP, INC. 3410 KORI ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FIRE-4, INC. 3410 KORI ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURCHIANTI, VINCENT 3410 KERI RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/09/08-80117-012 138.75

**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:

VB

Vincent Burchianti: 2/25/08 (904) 886-8300

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

Date

Daytime Phone #