

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010511

Entity Name: FL FONDUE, LLC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

C/O THE MELTING POT
1135 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

C/O THE MELTING POT
1135 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 06-1718080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHMEARER, WILLIAM E
5455 N FEDERAL HIGHWAY
SUITE A
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SCHMEARER, WILLIAM E
850 SW 22ND STREET
BOCA RATON, FL 33486 US

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: WILLIAM SCHMEARER

05/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHMEARER, WILLIAM E
Address: 850 SW 22ND STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: JOHN, BRUGOS
Address: 1135 N FEDERAL HIGHWAY
City-St-Zip: FT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 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: WILLIAM SCHMEARER

MGRM

05/05/2008

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