2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

| | | | | _ | _ (| C4 | C C 4 - |
|---|--|--|-------------------------|----------|----------------------------------|-------------------------|---------|
| DOCUMENT # F06000002493 1. Entity Name GRILLROOM BONITA, INC. | | | Secretary of Sta | | | | |
| Principal Plac 1840 PICKW GLENVIEW, I | | Mailing Address 1840 PICKWICK AVE GLENVIEW, IL 60026 | | | | | |
| | | | | 04012008 | No Chg-P | CR2E034 (1 ² | |
| C | OO NOT WRITE | | | | | | |
| - | 6. Name and Address of Current Re | gistered Agent | | l | | | , |
| 1200 SOU | PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324 | 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 | | | | | | | |
| After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | ncing \$5. | 00 May Be ed to Fees | U00000 |)918396 -80081-014 | | |
| 10. | OFFICERS AND DI | RECTORS | - | | 03/13/00 | -00001-014 | 120.00 |
| NAME STREET ADDRESS CITY-ST-ZIP | CP GREENFIELD, ROGER A 1840 PICKWICK AVE GLENVIEW, IL 60026 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | DO NOT WRITE | | | | |
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| NAME STREET ADDRESS CITY-SI-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS | | | | | | | |

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment will an address, with all other like empowered

SIGNATURE

CITY-ST-ZIP

RE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-08 Daylon