

FILED
May 17, 2007 8:00 am
Secretary of State

04-06-2007 90230 045 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000012533			
1. Entity Name THE CHOP HOUSE OF JACKSONVILLE LLC			
Principal Place of Business 9446 PHILIPS HIGHWAY, SUITE 8 JACKSONVILLE, FL 32256		Mailing Address 9446 PHILIPS HIGHWAY, SUITE 8 JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753		10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753	
Zip		Country	
4. FEI Number 59-3622685		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BIG EASY CAJUN MANAGEMENT CORPORATION 9446 PHILIPS HIGHWAY, SUITE 8 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street (if different from acceptable) 10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753 City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature is required when replacing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP MANAGING MEMBER ACADIAN ENTERPRISES 9446 PHILIPS HIGHWAY, SUITE 8 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☒ Change ☐ Addition 10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP PRESIDENT KUNG-PO YEN 10175 Fortune Parkway # 705 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP V-P KUNG-TI YEN 10175 Fortune Parkway # 705 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
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: <u>(Signature)</u>		KUNG-PO YEN PRESIDENT 040407 9042605571	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	