

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002737

Entity Name: RIB CITY FRANCHISING, LLC

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

12995 S. CLEVELAND AVE.  
SUITE 110  
FT. MYERS, FL 33907

## New Principal Place of Business:

1429 COLONIAL BLVD  
SUITE 203  
FT. MYERS, FL 33907

## Current Mailing Address:

12995 S. CLEVELAND AVE.  
SUITE 110  
FT. MYERS, FL 33907

## New Mailing Address:

1429 COLONIAL BLVD  
SUITE 203  
FT. MYERS, FL 33907

FEI Number: 65-1129178

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEDEN, PAUL D  
12995 S. CLEVELAND AVE.  
SUITE 110  
FT. MYERS, FL 33907 US

## Name and Address of New Registered Agent:

PEDEN, PAUL D  
1429 COLONIAL BLVD  
SUITE 203  
FT. MYERS, FL 33907 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: PAUL PEDEN

01/08/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PEDEN, PAUL D MGRM  
Address: 12995 S CLEVELAND AVE STE 110  
City-St-Zip: FT. MYERS, FL 33907 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PEDEN, PAUL D MGRM  
Address: 1429 COLONIAL BLVD SUITE 203  
City-St-Zip: FT. MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL PEDEN

MGMR

01/08/2007

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