

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000006032

1. Entity Name
HOOTERS ENTERPRISES, LLC



Principal Place of Business
**1815 THE EXCHANGE
ATLANTA, GA 30339-2040**

Mailing Address
**1815 THE EXCHANGE
ATLANTA, GA 30339-2040**



04062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2603681

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROOKS, COBY G
1815 THE EXCHANGE
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FOSTER, RODNEY C
1815 THE EXCHANGE
ATLANTA, GA 30339**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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04/26/05-80083-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Coby G. Brooks

4-25-05 770 951 2040

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

Date

Daytime Phone #