
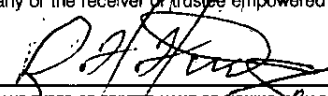


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

|  |   |   |
|--|---|---|
| <b>DOCUMENT # L01000006381</b>   |   |  |
| 1. Entity Name<br>YUMMY BAR B Q, LLC.  |   |   |
| Principal Place of Business<br>4949 SOUTHFORK DRIVE<br>LAKELAND, FL 33813  | Mailing Address<br>4949 SOUTHFORK DRIVE<br>LAKELAND, FL 33813         |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 6. Name and Address of Current Registered Agent<br><br>HUDGINS, JEAN A<br>4949 SOUTHFORK DR.<br>LAKELAND, FL 33813   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HUDGINS, ROBERT H<br>4949 SOUTHFORK DR.<br>LAKELAND, FL 33813 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |
| 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:  Robert H. Hudgins   |   | 1/21/08 863-607-9445  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>  |   | <small>Date Daytime Phone #</small>   |



01172008No Chg-LLC .CR2E083 (12/07)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3721194                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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01/23/08-80016-006 138.75