

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017704

FILED
Apr 20, 2005
Secretary of State

Entity Name: WT RESTAURANT CONCEPTS, L.L.C.

Current Principal Place of Business:

9100 BAYTOWNE WHARF BLVD
SUITE B-2
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

PO BOX 729
DESTIN, FL 32540

New Mailing Address:

FEI Number: 59-3758094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, DANA C ESQ.
607 HIGHWAY 98 EAST
MATTHEWS & HAWKINS, P.A.
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MATTHEWS, DANA C ESQ.
4475 LEGENDARY DR
MATTHEWS & HAWKINS, P.A.
DESTIN, FL 32541 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:

04/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LEWIS, R. WAYNE
Address: 100 GULF SHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: RICE, THOMAS E
Address: 4557 WOOD WIND
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWIS, R. WAYNE
Address: 100 GULF SHORE DRIVE #606N
City-St-Zip: DESTIN, FL 32541

Title: MGR (X) Change () Addition
Name: RICE, THOMAS E
Address: 4557 WOOD WIND DR
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 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: R WAYNE LEWIS

MGRM

04/20/2005

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