

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:18

DOCUMENT # L02000006920 1. Entity Name RAPTORS GRILLE LLC					
Principal Place of Business 3819 AVALON BLVD. EAST ORLANDO, FL 32828			Mailing Address 31001 FOUNDERS SQUARE DR. ORLANDO, FL 32828		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03162006 REIN-LLC CR2E101 (11/05) 4. FEI Number 32-0039317 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent KAHLI, BEAT 13001 FOUNDERS SQUARE DR ORLANDO, FL 32828				7. Name and Address of New Registered Agent Name W&P SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 450 N. WYMORE ROAD 1936 Lee Road, Suite 101 City Winter Park, FL Zip Code 32789	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAHLI, BEAT M 13001 FOUNDERS SQUARE DR ORLANDO, FL 32828 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald A. Janssen MGRM <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13001 Founders Square Drive Orlando, Florida 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Keith A. Ewing 13001 Founders Square Drive Orlando, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300073721853 05/02/06--01046--004 **200.00	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
3-21-06 407-658-6565 <small>Date Daytime Phone #</small>					