

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006920

Entity Name: RAPTORS GRILLE LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

3819 AVALON BLVD. EAST  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

13001 FOUNDERS SQUARE DR.  
ORLANDO, FL 32828

**New Mailing Address:**

3680 AVALON PARK EAST BLVD STE 300  
ORLANDO, FL 32828

FEI Number: 32-0039317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

W&P SERVICES INC  
450 N WYMORE ROAD  
WITER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRP ( ) Delete  
Name: KAHLI, BEAT M  
Address: 13001 FOUNDERS SQUARE DR  
City-St-Zip: ORLANDO, FL 32828

Title: V ( ) Delete  
Name: MARKS, ERIC  
Address: 13001 FOUNDERS SQ DR  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES:**

Title: MGRP (X) Change ( ) Addition  
Name: KAHLI, BEAT M  
Address: 3680 AVALON PARK EAST BLVD STE 300  
City-St-Zip: ORLANDO, FL 32828

Title: V (X) Change ( ) Addition  
Name: MARKS, ERIC  
Address: 3680 AVALON PARK EAST BLVD STE 300  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify 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: ERIC MARKS

V

04/27/2009

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