2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 13, 2009
Secretary of State

DOCUMENT# L02000007115

Entity Name: HUNAN OF LAKELAND, LLC

Current Principal Place of Business:

4525 SOUTH FLORIDA AVENUE #31
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

4525 SOUTH FLORIDA AVENUE #31
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 04-3620671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, JON H ESQUIRE
C/O JON H. ANDERSON, P.A.
4927 SOUTHFORK DRIVE
LAKELAND, FL 33813 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: MGRM ( ) Delete
Name: XIU ZHI LIU
Address: 4525 SOUTH FLORIDA AVENUE#31
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete
Name: TIN HUNG LIU
Address: 4525 SOUTH FLORIDA AVENUE #31
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WU XING HUANG
Address: 4525 SOUTH FLORIDA AVENUE #31
City-St-Zip: LAKELAND, FL 33813

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: XIU ZHI LIU MGRM 06/13/2009

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