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Jun 19, 2006 8:00 am
Secretary of State

05-08-2006 90036 008 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007945

1. Entity Name
LENNY'S OF FORT WALTON BEACH, LLC

Principal Place of Business	Mailing Address
208 MARY ESTHER BLVD. MARY ESTHER, FL 32569	PO BOX 3028 CONROE, TX 77305 US

30010761

04282006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		100 IH-45 North	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 240	
City & State		City & State Conroe, TX	
Zip	Country	Zip 77301	Country usa

4. FEI Number: 02-0584792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name: Glenn Schaible Street Address (P.O. Box Number is Not Acceptable): 1424 John Steinbeck Drive City: Niceville FL Zip Code: 32578

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: Glenn Schaible (signature)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, LEONARD 9001 CRIGHTON CROSSING DR CONROE, TX 77302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M·Member	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, CHESTER 188 COLE ROAD HATTIESBURG, MS 39402	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Glenn Schaible 1424 John Steinbeck Drive Niceville, 32578	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Leonard V. Moore (signature) 4/28/06 936/756-1264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Leonard V. Moore