

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007945

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** LENNY'S OF FORT WALTON BEACH, LLC

**Current Principal Place of Business:**

208 MARY ESTHER BLVD.  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

2732 MUIRFIELD DR.  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:** 02-0584792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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: MGR (X) Delete  
Name: MOORE, LEONARD  
Address: 9001 CRIGHTON CROSSING DR  
City-St-Zip: CONROE, TX 77302

Title: MGRM ( ) Delete  
Name: SCHAIBLE, GLENN  
Address: 2732 MUIRFIELD DR  
City-St-Zip: NAVARRE, FL 32566

Title: MGR ( ) Delete  
Name: SCHAIBLE, LORA LEE  
Address: 2732 MUIRFIELD DR  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES:**

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

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

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

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: LORA LEE SCHAIBLE

MGR

04/06/2009

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