

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 19, 2009  
Secretary of State**

DOCUMENT# L02000011561

Entity Name: LAFITTE'S L.L.C.

**Current Principal Place of Business:**

401 VETERANS BLVD., #102  
METAIRIE, LA 70005

**New Principal Place of Business:**

**Current Mailing Address:**

401 VETERANS BLVD., #102  
METAIRIE, LA 70005

**New Mailing Address:**

FEI Number: 41-2048605      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIRMANS, L. PAUL ESQ.  
MATTHEWS & HAWKINS, P.A.  
607 HIGHWAY 98 EAST  
DESTIN, FL 32541 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 ( ) Delete  
Name: SCHOTT, CHRISTOPHER D  
Address: 401 VETERANS BLVD., # 102  
City-St-Zip: METAIRIE, LA 70005

**ADDITIONS/CHANGES:**

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: CHRISTOPHER SCHOTT

MGR

01/19/2009

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