

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 15 PM 2: 58



04222008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000005449</b>				<b>1. Entity Name</b> MARDI GRAS SALOON, LLC	
Principal Place of Business 37 SUNDUNES CIRCLE DAYTONA BEACH, FL 32127		Mailing Address 37 SUNDUNES CIRCLE DAYTONA BEACH, FL 32127			
2. Principal Place of Business - No P.O. Box # 500 N. Oleander Avenue		3. Mailing Address 500 N. Oleander Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Daytona Beach, Florida		City & State Daytona Beach, Florida		4. FEI Number 76-0745675	
Zip 32118		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  RECEL, ERGUN THOMAS 37 SUNDUNES CIRCLE DAYTONA BEACH, FL 32127			7. Name and Address of New Registered Agent Name GEORGE, NICHOLAS A. Street Address (P.O. Box Number is Not Acceptable) 500 N. Oleander Avenue  City Daytona Beach FL Zip Code 32118		
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				04/22/08	
Signature typed or printed name of registered agent and title if applicable				DATE	
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RECEL, ERGUN THOMAS 37 SUNDUNES CIRCLE DAYTONA BEACH, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DODAN, ARJAN 2521 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Dodani, Arjan 2521 N. Halifax Avenue Daytona Beach, Florida 32118	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GEORGE, NICHOLAS A 500 N OLEANDER AVENUE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIIST, NIR 37 SUNDUNES CIR PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200129602492 05/15/08--01031--005 **50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIIST, LIYA 37 SUNDUNES CIR PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ISKENDER, TAYLAN C 6809 HENNO CT PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** 04/22/08 (386) 253-1697

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