

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013487

FILED  
May 07, 2007  
Secretary of State

**Entity Name:** DUKE RESTAURANT GROUP, LLC

**Current Principal Place of Business:**

4320 DEERWOOD LAKE PARKWAY  
#106  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

450-106 STATE ROAD 13 NORTH, STE. 101  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number: 54-2108363      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:**

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

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: DUKE, WILLIAM F  
Address: 209 E. KARI CT.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR      ( ) Delete  
Name: DUKE, MARK  
Address: 1116 PAWNEE PL.  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

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: WILLIAM DUKE

OWNE

05/07/2007

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