

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015440

FILED
May 01, 2008
Secretary of State

Entity Name: MACKENZIES RESTAURANT GROUP, LLC

Current Principal Place of Business:

100 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

100 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 30-0180281 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:

MEYER, DONALD
100 SAWGRASS VILLAGE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

BARKER & BARKER, P.A.
4244 ST. JOHNS AVENUE
JACKSONVILLE, FL 32210 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: MICHAEL J. BARKER

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEYER, DONALD
Address: 109 PALM FOREST PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: FINN, KEVIN
Address: 105 INDIGO RUN
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: DONALD MEYER

MGRM

05/01/2008

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