

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015440

FILED  
Mar 02, 2009  
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:**

1520 SAWGRASS VILLAGE DRIVE #102  
PONTE VEDRA BEACH, FL 32082 US

**Current Mailing Address:**

100 SAWGRASS VILLAGE  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

1520 SAWGRASS VILLAGE DRIVE #102  
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 30-0180281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAW OFFICES OF FRED TROMBERG  
4925 BEACH BLVD.  
JACKSONVILLE, FL 32207 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: MGRM ( ) Delete  
Name: MEYER, DONALD  
Address: 109 PALM FOREST PLACE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

**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: DONALD MEYER

MGRM

03/02/2009

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