

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021703

Entity Name: LOUIE G'S LLC

FILED  
Apr 23, 2008  
Secretary of State

**Current Principal Place of Business:**

832-1 A1A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 17565  
JACKSONVILLE, FL 32245

**New Mailing Address:**

FEI Number: 27-0061057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WICKES, LESLIE A ESQ.  
501 RIVERSIDE AVE. 7TH FLOOR  
JACKSONVILLE, FL 32202 US

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

FISHER, TOUSEY, LEAS & BALL, P.A.  
818 NORTH A1A  
SUITE 104  
PONTE VEDRA BEACH, FL 32082 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: JOHN S. BALL, VICE-PRESIDENT

04/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SANTIONI, LOUIS J  
Address: 832-1 A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AVILA, ALBERTO  
Address: 832-1 A1A NORTH  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: M ( ) Change (X) Addition  
Name: SANTIONI, LOUIS J  
Address: 832-1 A1A NORTH  
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: ALBERTO AVILA

MGR

04/23/2008

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