2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025580

1001 N LAKE DESTINY RD #100

MAITLAND, FL 32751

Address:

City-St-Zip:

FILED Apr 27, 2006 Secretary of State

Entity Name: SPECIALTY RESTAURANT DEVELOPMENT, LLC

Current Principal Place of Business: New Principal Place of Business: 1001 NORTH LAKE DESTINY RD #100 MAITLAND, FL 32751 **Current Mailing Address: New Mailing Address:** 1001 NORTH LAKE DESTINY RD #100 MAITLAND, FL 32751 FEI Number: 43-1830622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **G&L AGENT SERVICES, INC** G&L AGENT SERVICES, INC. 390 NORTH ORANGE AVE, STE 600 390 NORTH ORANGE AVE ATTN: PRESIDENT SUITE 600 ORLANDO, FL 32801 US ORLANDO, FL 32801 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: 04/27/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GUSTIN, ABÈ Name: Name: 1001 N LAKE DESTINY RD #100 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition Name: TAYLOR, GUY Name: Address: 1001 N LAKE DESTINY #100 Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GUSTIN, GREG Name: Name: 1001 N LAKE DESTINY RD #100 Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PARSONS, JACK Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: GUY A. TAYLOR MGRM 04/27/2006