2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# L03000028006

Entity Name: DUVAL RESTAURANT GROUP, LLC

Current Principal Place of Business:

628 DUVAL STREET
UNIT 5
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

628 DUVAL STREET, UNIT #5
UNIT 5
KEY WEST, FL 33040

New Mailing Address:

628 DUVAL STREET
UNIT 5
KEY WEST, FL 33040

FEI Number: 55-0842947 **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:

SCHAEFER, CHARLES M IV
628 DUVAL STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

SCHAEFER, CHARLES M IV
628 DUVAL STREET
UNIT 5
KEY WEST, FL 33040 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: _____ 05/09/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SCHAEFER, CHARLES MARTIN
Address: 720 EATON STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete
Name: SWANN, JOHN WHITEFORD
Address: 305 LINCOLN AVENUE
City-St-Zip: ST. MICHAELS, MD 21663

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 for the exemption stated in Section 119.07(3)(i), 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: JOHN SWANN MGRM 05/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date