

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90127 001 ****50.00

DOCUMENT # L03000028006

1. Entity Name
DUVAL RESTAURANT GROUP, LLC



Principal Place of Business
628 DUVAL STREET
UNIT 5
KEY WEST, FL 33040

Mailing Address
628 DUVAL STREET
UNIT 5
KEY WEST, FL 33040

20046650



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05102006 Chg-LLC CR2E083 (11/05)

4. FEI Number

55-0842947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAEFER, CHARLES M IV
628 DUVAL STREET
UNIT 5
KEY WEST, FL 33040

Name

Arthur W. Webb, Jr.

Street Address (P.O. Box Number is Not Acceptable)

628 Duval Street, #5-Rear

City

Key West

FL

Zip Code
33040

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of person named in registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/11/06

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME SCHAEFER, CHARLES MARTIN ☒ Delete
STREET ADDRESS 720 EATON STREET
CITY-ST-ZIP KEY WEST, FL 33040

TITLE MGRM
NAME Arthur W. Webb, Jr. ☒ Change ☐ Addition
STREET ADDRESS 628 Duval Street, #5-Rear
CITY-ST-ZIP Key West, FL 33040

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

5/11/06

305/797/0462

Daytime Phone #

FILE MAKE
CHANGES
ASAP

Arthur W. Webb, Jr.