2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2005 08:00 AM Secretary of State

1. Entity Nam	ND DRIVE-IN #3, LLC		Secretary of State
Principal Place of Business 1019 NW 21ST AVE. CHIEFLAND, FL 32626-1950 US P.O. BOX 2064 HOMOSASSA SPRINGS, FL 34447-2064			
DO NOT WRITE IN THIS SPACE			04272005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 20-0319583 Not Applicable 5. Certificate of Status Desired □ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent JONES, GREGORY M 106 BYRSONIMA CIRCLE HOMOSASSA, FL 34446			DO NOT WRITE IN THIS SPACE
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, typed or privided name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005			
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBERS/MANAGERS MGR JONES, GREGORY M 106 BYRSONIMA CIRCLE HOMOSASSA, FL 34446		U00000346863 04/30/05-80092-021 50.00
STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the receiver or trusted by owered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL ANABING ARREER, OR AUTHORIZED REPRESENTATIVE Date Devime Phone *			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURANAGING MERRBER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #			