## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 12, 2005 08:00 AM Secretary of State

	Name and Address of the Contract of	rme water		****	<b>=, =</b> 000 00.00
DOCUMENT # L03000055055  1. Entity Name UNIVERSITY GRILLED CHICKEN, LLC				Sec	cretary of Stat
Principal Pla	ce of Business	Mailing Address		•	
· ·	4TH STREET	4468 VIENNA WOODS WAY			
SUITE 1		GAINESVILLE, FL 32605 U	IS .		
GAINESVILL	E, FL 32608 US	_		. Land Call in a Calumia 1986 a mai maine a Call a Call in a	ESCUL DIVER BUST BUNCH BUILDY BUNCH IN 1801
***				04072005No Chg-LLC	CR2E083 (10/03)
I.	OO NOT WRITE I	n ihis spa	UE	4, FEI Number	Applied For
				92-0180401  5. Certificate of Status Desired	Not Applicable  \$5.00 Additional
	5. Name and Address of Current Reg	letarest Agent		The state of the s	Fee Required
SAIER, FRANK P ESQ. 4041 NW 37TH PLACE SUITE B GAINESVILLE, FL 32606			DO NOT WRITE IN THIS SPACE		
the obliga	named entity submits this statement for the titions of registered agent.  Sprature, typed or printed name of registered agent and the litting Fee is \$50.00 use by May 1, 2005		ed office or registere of Agent signature required	when eithersing)	DATE 0300617 -90030-001 50.00
9.	MANAGING MEMBERS/	MANAGERS		77	
TITLE	MGR				e stains
NAME Street Audress	ALLEN, RAY F JR. 4468 VIENNA WOODS WAY				
CITY-ST-ZIP	GAINESVILLE, FL 32605			•	
TILE	MGRM		化分子 电压线	المرازي السياد المعاملية الرازي أوارا والأمارات	T. 4. ,
NAME	ALLEN, MICHAEL R				, ,
STREET ADDRESS	4468 VIENNA WOODS WAY				
CITY-ST-ZIP	GAINESVILLE, FL 32605				
TITLE	MGR			e di entre anno en la comparazione de la comparazione de la comparazione de la comparazione de la comparazione	A ACAD STORY
NAME	AMERSON, PAT				
STREET ADDRESS	5128 NW 47TH LANE			DO NOT WI	ore
CITY-ST-ZIP	GAINESVILLE, FL 32606		a Salazeria		2 - 4 meter
TITLE	MGR		j	IN THIS SPA	ACE
NAME CONCET ADDRESSE	C. I. G., INC.			# 1 T	· =
STREET ADDRESS CITY-ST-ZIP	4534 SW 105TH DRIVE GAINESVILLE, FL 32608		•		
TITLE	er in the T thinks I to DEUTO		e o v samin, m	Committee of the second of the second of the second	
NAME	•				•
STREET ADDRESS	1		I		
CITY-ST-ZIP	ĺ		l		
ME			order and adoption of the second	السارات والمحالة المعالية والمعالمة المعالمة الم	are the second and the
NAME			•		
STREET ADDRESS	I		<b>a</b> '		

11. I hereby certify that the information supplied with this filing 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 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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPES ON PRINTED HAME OF STONING SANAPPIS MINISTER, OR AUTHORIZED REPRESENTATIVE Date Date Depting Promes