


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000055055 1. Entity Name UNIVERSITY GRILLED CHICKEN, LLC	
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Principal Place of Business 3333 SW 34TH STREET SUITE 1 GAINESVILLE, FL 32608 US	Mailing Address 4468 VIENNA WOODS WAY GAINESVILLE, FL 32605 US
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 92-0180401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SAIER, FRANK P ESQ.
4041 NW 37TH PLACE
SUITE B
GAINESVILLE, FL 32606**

**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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000300617
04/12/05-80030-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, RAY F JR. 4468 VIENNA WOODS WAY GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, MICHAEL R 4468 VIENNA WOODS WAY GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERSON, PAT 5128 NW 47TH LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR C. I. G., INC. 4534 SW 105TH DRIVE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Ray F. Allen Jr. RAY F. ALLEN JR. 4.8.05 352375.3194

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Min Phone #