


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000055910**

1. Entity Name  
ILG RESTAURANT LLC



Principal Place of Business 1580 BANNERMAN SUITE 1 TALLAHASSEE, FL 32312	Mailing Address 1580 BANNERMAN SUITE 1 TALLAHASSEE, FL 32312
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**DO NOT WRITE IN THIS SPACE**



07072006No Chg-LLC      CR2E083 (11/05)

4. FEI Number 03-0533401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GALLOWAY, IRA L  
9512 CARR LANE WAY  
TALLAHASSEE, FL 32312

**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: *Irma Galloway*      *7-7-06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLOWAY, LETITIA D 9512 CARR LANE WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLOWAY, IRA 9512 CARR LANE WAY TALLAHASSEE, FL 32312
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U00000569513  
07/11/06-80030-016 50.00

**DO NOT WRITE  
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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: *Irma Galloway*      *7-7-06*      *8502011695*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #