2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000030113

MOE'S SOUTHWEST GRILL OF OCALA, LLC



Apr 02, 2007 08:00 AM Secretary of State

Principal Place of Business

2604 19TH AVE. ROAD, SUITE 101

OCALA, FL 34474

Mailing Address

6020 WINTHROP TOWN CENTRE AVENUE RIVERVIEW, FL 33569

> 01082007 No Chg-LLC

CR2E083 (11/05)

FILED

4. FEI Number 20-1031227

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FIREL, ANTONY G 6020 WINTHROP TOWN CENTRE AVENUE RIVERVIEW, FL 33569

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

SIGNATURE.

NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADORESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISSER, MICHAEL D 6020 WINTHROP TOWN CENTRE AVENUE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEL, ANTONY G 6020 WINTHROP TOWN CENTRE AVENUE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TALE	

000000685762 04/09/07-80018-020 50.00

DO NOT WRITE IN THIS SPACE

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

NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE