

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031166

Entity Name: MOE'S MANDARIN, L.L.C.

FILED  
Jan 23, 2008  
Secretary of State

## Current Principal Place of Business:

450 - 106 STATE ROAD 13 NORTH  
#137  
JACKSONVILLE, FL 32259

## Current Mailing Address:

450 - 106 STATE ROAD 13 NORTH  
#137  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

450 - 106 STATE ROAD 13 NORTH  
#213  
ST. JOHNS, FL 32259

## New Mailing Address:

450 - 106 STATE ROAD 13 NORTH  
#213  
ST. JOHNS, FL 32259

FEI Number: 52-2443133

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHASTEEN, BRAD  
450 - 106 STATE ROAD 13 NORTH  
#137  
JACKSONVILLE, FL 32259 US

## Name and Address of New Registered Agent:

CHASTEEN, BRAD  
450 - 106 STATE ROAD 13 NORTH  
#213  
ST. JOHNS, FL 32259 US

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.

SIGNATURE: BRAD CHASTEEN

01/23/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CHASTEEN, BRAD K  
Address: 450-106 SR 13 NORTH, #137  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CHASTEEN, BRAD K  
Address: 450-106 SR 13 NORTH, #213  
City-St-Zip: ST. JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRAD CHASTEEN

MGRM

01/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date