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(Business Entity Name)

(Document Number)

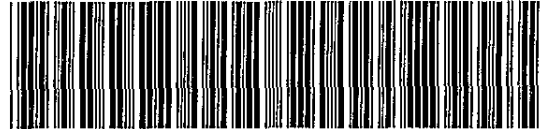
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U.S. DEPT. OF JUSTICE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMERALD COAST RESTAURANT GROUP, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN HALL
(Name of Person)

EMERALD COAST RESTAURANT GROUP
(Firm/Company)

4006 LAUREN COURT
(Address)

DESTIN, FL. 32541
(City/State and Zip Code)

For further information concerning this matter, please call:

TIM CREEHAN at (850) 259-8044
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 23, 2004

JOHN HALL
EMERALD COAST RESTAURANT GROUP, LLC
4006 LAUREN COURT
DESTIN, FL 32541

SUBJECT: EMERALD COAST RESTAURANT GROUP, LLC
Ref. Number: W04000015718

We have received your document for EMERALD COAST RESTAURANT GROUP, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 804A00026920

Page 1 of 2
(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOHN HALL
4006 LAUREN CT.
DESTIN, FL. 32541

MGRM

TIM CREEHAN
197 DUKANGO RD 3D
DESTIN, FL. 32541

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHN HALL

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)