

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90149 009 \*\*\*138.75

<b>DOCUMENT # L04000050971</b>					
<b>1. Entity Name</b> FIVE GUYS, LLC					
<b>Principal Place of Business</b> 1792 CRANBERRY ISLES WAY APOPKA, FL 32712			<b>Mailing Address</b> 1792 CRANBERRY ISLES WAY APOPKA, FL 32712		
<b>2. Principal Place of Business - No P.O. Box #</b> 6401 Carmel Road Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Charlotte, NC</b> Zip      Country <b>28226      USA</b>		<b>3. Mailing Address</b> 6401 Carmel Road Suite, Apt. #, etc. <b>Suite 204</b> City & State <b>Charlotte, NC</b> Zip      Country <b>28226      USA</b>		<b>50004342</b> 	
<b>4. FEI Number</b> 02192008      Chg-LLC      CR2E083 (12/06) <b>26-0091013</b>		<b>Applied For</b> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOGLE, SEAN SUITE 203 706 TURNBULL AVENUE ALTAMONTE SPRINGS, FL 32701			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSULTANTS TO INDUSTRY, INC 1792 CRANBERRY ISLES WAY APOPKA, FL 32712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PWMC, INC 1904 CANYONWOOD CRT VALRICO, FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGAYCEE, INC 28 ASH ST BASKING RIDGE, NJ 07920	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICSIDI COMMUNICATIONS, INC ONE HOLLIS STREET STE 305 WELLESLEY, MA 02482	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGE, PAUL 7105 MARSHVILLE BLVD MARSHVILLE, NC 28103	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>Feb 21 08</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					