2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050971

Entity Name: FIVE GUYS, LLC

HOGE, PAUL

7105 MARSHVILLE BLVD

MARSHVILLE, NC 28103

Name:

Address:

City-St-Zip:

FILED Feb 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6401 CARMEL ROAD STE 204 CHARLOTTE, NC 28226 **Current Mailing Address: New Mailing Address:** 6401 CARMEL ROAD STE 204 CHARLOTTE, NC 28226 FEI Number: 26-0091013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOGLE, SEAN SUITE 203 706 TURNBULL AVENUE ALTAMONTE SPRINGS, FL 32701 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CONSULTANTS TO INDUS, TRY, INC. Name: Name: 1792 CRANBERRY ISLES WAY Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PWMC, INC, Name: Name: Address: 1904 CANYONWOOD CRT Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MCGAYCEE, INC, Name: Name: Address: 28 ASH ST Address: City-St-Zip: BASKING RIDGE, NJ 07920 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VICSIDI COMMUNICATIO, NS, INC Name: Name: Address: ONE HOLLIS STREET STE 305 Address: City-St-Zip: WELLESLEY, MA 02482 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL R. WALSH, JR. MGRM 02/25/2009