2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059699

Entity Name: MEGA UNITED RESTAURANT GROUP, LLC.

Current Principal Place of Business:	**New Principal Place of Business:**
9043 HERITAGE BAY CIR ORLANDO, FL 32836 US	10907 BOCA POINTE DR ORLANDO, FL 32836 US

Current Mailing Address:	**New Mailing Address:**
9043 HERITAGE BAY CIR ORLANDO, FL 32836 US	10907 BOCA POINTE DR ORLANDO, FL 32836 US

FEI Number: 20-1565378   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:**
KAI, CONNIE 9043 HERITAGE BAY CIR ORLANDO, FL 32836 US	KAI, CONNIE 10907 BOCA POINTE DR ORLANDO, FL 32836 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: CONNIE KAI   04/30/2008
_____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	EMAGIC PLUS LLC,	Name:	EMAGIC PLUS LLC,
Address:	9043 HERITAGE BAY CIR	Address:	10907 BOCA POINTE DR
City-St-Zip:	ORLANDO, FL 32836 US	City-St-Zip:	ORLANDO, FL 32836 US

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	KAI, CONNIE	Name:	KAI, CONNIE
Address:	9043 HERITAGE BAY CIR	Address:	10907 BOCA POINTE DR
City-St-Zip:	ORLANDO, FL 32836 US	City-St-Zip:	ORLANDO, FL 32836 US

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: CONNIE KAI   MGR   04/30/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date