

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065430

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** FRED FLEMING'S FAMOUS BAR-B-QUE RESTAURANT OF ST. PETE, LLC

**Current Principal Place of Business:**

7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 16-1707198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TERENZI, TERENCE  
7122 PELICAN ISLAND DRIVE  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

TERENZI, TERENCE  
1111 N. WESTSHORE BLVD.  
200A  
TAMPA, FL 33607 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: /S/ TERENCE TERENZI

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TERENZI, TERENCE  
Address: 7122 PELICAN ISLAND DRIVE  
City-St-Zip: TAMPA, FL 33634

Title: MGRM ( ) Delete  
Name: SCHELLDORF, THOMAS  
Address: 7122 PELICAN ISLAND DRIVE  
City-St-Zip: TAMPA, FL 33634

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: /S/ TERENCE TERENZI

MGRM

01/09/2007

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