2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 25, 2005
Secretary of State

DOCUMENT# L04000077691

Entity Name: R.G.B. RESTAURANTS, LLC

Current Principal Place of Business:

9375 EMERALD COAST PARKWAY
SUITE 22
SANDESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

4540 HIGHWAY 20 EAST
SUITE 10
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 20-1877025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVE, RODNEY D
1000 BAY DRIVE
UNIT #532
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM ( ) Delete
Name: LOVE, GLYN
Address: 1658 KNOLLWOOD WAY
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGR ( ) Delete
Name: LOVE, MARY A
Address: 1000 BAY DRIVE #532
City-St-Zip: NICEVILLE, FL 32578 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: LOVE, RODNEY D
Address: 1000 BAY DRIVE #532
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARY ANN LOVE MGR 05/25/2005

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