



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L04000083089	
1. Entity Name FULLY INVOLVED, LLC	

Principal Place of Business 3410 KORI ROAD JACKSONVILLE, FL 32257	Mailing Address 3410 KORI ROAD JACKSONVILLE, FL 32257
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DO NOT WRITE IN THIS SPACE	
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02202008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 01-0824935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
SORENSEN, ROBIN O 3410 KORI ROAD JACKSONVILLE, FL 32257	

DO NOT WRITE IN THIS SPACE	
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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.	
SIGNATURE _____	DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U00000856156 03/27/08-80079-022 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FIREHOUSE RESTAURANT GROUP, INC. 3410 KORI ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FIRE-4, INC. 3410 KORI ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BURCHianti, VINCENT 3410 KORI RD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE	
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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.	
SIGNATURE: <u>WBC</u>	<u>Vincent Burchianti</u> 2/27/08 (904) 886-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #