

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90208 012 \*\*\*\*50.00

**DOCUMENT # L04000091915**

1. Entity Name  
**IMAGIN-ASIA RESTAURANT MANAGEMENT GROUP, LLC**



Principal Place of Business

**114 SE 1ST STREET  
SUITE 6  
GAINESVILLE, FL 32601**

Mailing Address

**114 SE 1ST STREET  
SUITE 6  
GAINESVILLE, FL 32601**



2. Principal Place of Business - No P.O. Box #

**114 SE 1st Street**

3. Mailing Address

**114 SE 1st Street**

Suite, Apt. #, etc.

**Suite 2**

Suite, Apt. #, etc.

**Suite 2**

City & State

**Gainesville, FL**

City & State

**Gainesville, FL**

Zip

**32601**

Country

**USA**

Zip

**32601**

Country

**USA**

01032007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-2652176**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PRICE ACCOUNTING  
3233 SR 580  
SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name **J.J. Luckey & Co.**

Street Address (P.O. Box Number is Not Acceptable)

**4045 NW 43rd Street**

**Suite A**

City

**Gainesville**

FL

Zip Code

**32606**

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

*[Signature]*  
Signature (typed or printed name of registered agent and title is applicable) (NOTE: Registered Agent signature required when resigning)

**1/3/07**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **KIM, SONG Y**  
CITY-ST-ZIP **2636 SW 35TH PLACE, UNIT 20  
GAINESVILLE, FL 32608**

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **LEUNG, HIROFUMI**  
CITY-ST-ZIP **1534 NW 54TH DRIVE  
GAINESVILLE, FL 32605**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/3/07**  
Date

Daytime Phone #

**352 -  
371-7500**