

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092165

Entity Name: UPSCALE DINING, LLC

FILED  
Jan 11, 2008  
Secretary of State

## Current Principal Place of Business:

1825 BUSINESS PARK BLVD.  
SUITE A  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

## Current Mailing Address:

1825 BUSINESS PARK BLVD.  
SUITE A  
DAYTONA BEACH, FL 32114

## New Mailing Address:

P.O. BOX 9547  
DAYTONA BEACH, FL 321209547

FEI Number: 32-0135109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARTLETT, LAURENCE H  
1825 BUSINESS PARK BLVD.  
SUITE A  
DAYTONA BEACH, FL 32114 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/MANAGERS:

Title: MGRM ( ) Delete  
Name: BARTLETT, LAURENCE H  
Address: 106 N. ST. ANDREWS DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: CROTTY, KATHLEEN L  
Address: 106 N. ST. ANDREWS DR.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: CROTTY, W. GARRETT  
Address: 5 TOMOKA VIEW  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete  
Name: DUNN, BARRY TENANT  
Address: 3309 OAK VISTA DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: MGRM ( ) Delete  
Name: DUNN, DEBORAH TENANT  
Address: 3309 OAK VISTA DRIVE  
City-St-Zip: DAYTONA BEACH, FL 32124

Title: MGRM ( ) Delete  
Name: DUNN, SAMUEL TENANT  
Address: 42 CHOCTAW TRAIL  
City-St-Zip: ORMOND BEACH, FL 32124

## ADDITIONS/CHANGES:

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

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

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

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

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 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/ LAURENCE H. BARTLETT

MGRM

01/11/2008

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