2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Mar 27, 2006 08:00 AM DOCUMENT # L04000093043 Secretary of State 1. Entity Name HDC RESTAURANT, LLC Principal Place of Business Mailing Address 1350 S HOWARD 1350 S HOWARD TAMPA, FL 33606 TAMPA, FL 33606 03212006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2260934 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAVEZ, DENISE DO NOT WRITE 1350 S HOWARD **TAMPA, FL 33606** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 2 MM TITLE NAME CHAVEZ DENISE 1350 S HOWARD STREET ADDRESS TAMPA, FL 33606 CITY-ST-ZIP TITLE NAME STREET ADVOCESS CITY-51-ZIP BILE NAME STREET ADDRESS DO NOT WRITE CTY-ST-7P IN THIS SPACE me NAME STREET ACCORDECS CITY-ST-2IP

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

STRE NAME STREET ADDRESS CITY-ST ZIP IME NAME STREET ADURESS CITY-ST-ZIP

AUTHORIZED REPRESENTATIVE