2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

| DOCUMENT # L0500003633 1. Entity Name OSCEOLA D&J KFC, LLC | | | | | Secr | etary of | Sta |
|---|---|--|--------------------------------|--|---------------------------------------|------------------------------------|--------------|
| | e of Business ERSON STREET L 32801 | Mailing Address 314 E. ANDERSON STREET ORLANDO, FL 32801 | | 1 2001/2011 011 201101 01111 02111 0012 | 18/11 8 5 111 8 8 1 61 | | 111 1 |
| | | | | 01042008No Chg-LLC | | E083 (12/07) | |
| | O NOT WRITE | IN THIS SPA | CE | 4. FEI Number 13-4293171 5. Certificate of Status Desired | | Applied Not Appl \$5.00 Additional | licable |
| or gray of the holid | 6. Name and Address of Current Re | | | 5. Certificate of Status Desired | ليا | Fee Required | |
| ORLANDO | JACK L III DERSON STREET D, FL 32801 | | | DO NOT V IN THIS S | PACI | | |
| 8. The above the obligati | named entity submits this statement for t lions of registered agent. | | red office or register | ed agent, or both, in the State of I | Plorida. I am | ı familiar with, and a | ccept |
| | Signature, typed or printed name of registered agent and | fatte d'applicable (NOTE, Register | ed Agent signature required | | DATE سخور درا | - | |
| FILE After May | E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | | 03/04/08 | -80058 -80058 | -011 138.75 | 5 |
| 9. | MANAGING MEMBER | S/MANAGERS | ्राम्य (जिस्कृतिकार) इस्तान | KGA SILAWGAYA | | | Margarette |
| NAME STREET ADDRESS CITY-ST-ZIP | MGR LIBERTY, JACK L III 314 E. ANDERSON STREET ORLANDO, FL 32801 | | | | | | |
| TIYLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT V | VRIT | E | |
| TITLE NAME | | | | IN THIS S | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | man to the first of the con- | |

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 thall 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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02/14/08

407-426-2300

Daytime Phone #