

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004136

Entity Name: CARRABBA'S SHREVEPORT, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

2202 N WEST SHORE BLVD.
5TH FLOOR
TAMPA, FL 33607 US

New Principal Place of Business:

2202 N WEST SHORE BLVD.5TH FLOOR
LEGAL DEPT
TAMPA, FL 33607 US

Current Mailing Address:

2202 N WEST SHORE BLVD.
5TH FLOOR
TAMPA, FL 33607 US

New Mailing Address:

2202 N WEST SHORE BLVD.5TH FLOOR
LEGAL DEPT
TAMPA, FL 33607 US

FEI Number: 20-2152029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KADOW, JOSEPH J
2202 N WEST SHORE BLVD.
5TH FLOOR
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

KADOW, JOSEPH J
2202 N WEST SHORE BLVD.5TH FLOOR
LEGAL DEPT
TAMPA, FL 33607 US

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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARRABBA'S/DALLAS-I, LIMITED PARTNERSHIP
Address: 2202 N WEST SHORE BLVD., 5TH FLOOR
City-St-Zip: TAMPA, FL 33607 US

Title: MGR () Delete
Name: MURPHY, JOHN
Address: 404 SHEFFIELD DR.
City-St-Zip: SOUTHLAKE, TX 76092 US

ADDITIONS/CHANGES:

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: JOSEPH J. KADOW

MANA

04/15/2009

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