

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032129

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** EAST COAST TIJUANA FLATS OF FLORIDA FRANCHISE NO. 1, LLC

**Current Principal Place of Business:**

2699 LEE RD.  
SUITE 511  
WINTER PARK, FL 32789

**New Principal Place of Business:**

300 SOUTH TUBB STREET  
OAKLAND, FL 34760

**Current Mailing Address:**

2699 LEE RD.  
SUITE 511  
WINTER PARK, FL 32789

**New Mailing Address:**

PO BOX 929  
OAKLAND, FL 34760

**FEI Number:** 76-0797770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD., SUITE 309  
TAMPA, FL 33629 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: MGR ( ) Delete  
Name: SHAVER, JAMES A  
Address: 17624 COBBLESTONE LANE  
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Delete  
Name: IRWIN, BENN S  
Address: 679 MONTREAL LANE  
City-St-Zip: SANFORD, FL 32771

**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: JAMES SHAVER

MGR

04/15/2008

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