


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000037486</b> 1. Entity Name PALATKA IHOP, LLC	
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Principal Place of Business PHILLIPS MCFALI MCCAFFREY MCVAY, MURRAH 211 N ROBINSON 12TH F 1 LDRSHIP SQ OKLAHOMA CITY, OK 73102	Mailing Address PHILLIPS MCFALI MCCAFFREY MCVAY, MURRAH 211 N ROBINSON 12TH F 1 LDRSHIP SQ OKLAHOMA CITY, OK 73102
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04242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCFALL, D. KEITH 211 N ROBINSON, 12TH FL, ONE LEADERSHIP SQ OKLAHOMA CITY, OK 73102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCFALL, J. KEVIN 1721 REDWOOD LANE FLEMING ISLAND, FL 32006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENS, JOHN D 9320 EAST CENTRAL WICHITA, KS 67206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000738412 05/11/07-80068-009 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 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.

<b>SIGNATURE:</b>  John D. Stephens <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4-24-07</b> <small>Date</small>	<b>316-636-1801</b> <small>Daytime Phone #</small>
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