2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# L05000038279

Entity Name: JDI RESTAURANTS, LLC

Current Principal Place of Business:

14881 BISCAYNE BLVD
STE 404
MIAMI, FL 33181 US

New Principal Place of Business:

14831 BISCAYNE BLVD
STE 404
NORTH MIAMI BEACH, FL 33181 US

Current Mailing Address:

1570 MADRUGA AVE
STE 403
MIAMI, FL 33146 US

New Mailing Address:

1570 MADRUGA AVE
STE 403
CORAL GABLES, FL 33146 US

FEI Number: 20-2782560 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KUNKEL, JOHN
1396 BAY DRIVE
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

KUNKEL, JOHN
1570 MADRUGA AVE
STE 403
CORAL GABLES, FL 33146 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: JOHN KUNKEL 02/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: V ( ) Delete
Name: PETITT, III, DAVID R
Address: 10951 W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324

Title: P ( ) Delete
Name: KUNKEL, JOHN
Address: 1396 BAY DR
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PST (X) Change ( ) Addition
Name: KUNKEL, JOHN
Address: 1396 BAY DR
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN KUNKEL PST 02/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date