## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000045149

1. Entity Name

BEALE STREET BLUES COMPANY-ORLANDO, LLC



**FILED** Sep 09, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

149 MONROE AVENUE MEMPHIS, TN 38103

149 MONROE AVENUE MEMPHIS, TN 38103

CR2E083 (12/07)

4. FEI Number 20-8991428

09032008 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

901/544-9103

6. Name and Address of Current Registered Agent

HAUGHT, BRUCE A

SIGNATURE:

## DO NOT WRITE

SUITE 220 DESTIN, FL 32540			IN THIS SPACE	
	named entity submits this statement for ions of registered agent	the purpose of changing its registere	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature typed or printed name of registered agent a	nd title it applicable (NOTE: Registered	i Ageni skinature required when reinstairig)	DATE
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.1 liability company did not rec	93(2)(b), F.S., the limited eive the prior notice.	
9.	MANAGING MEMBER	RS/MANAGERS		
TITLE NAME STREET ADURESS CITY-ST-ZIP	MGR PETERS, THOMAS 149 MONROE AVENUE MEMPHIS, TN 38103			
NAME STREET ADDRESS CITY SI-2P				000000959340 09/09/08-80006-016 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE AIAME STREET ADDRESS CITY-ST-ZIP			IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET AUDRESS	·			

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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