

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-27-2006 90027 014 ****50.00

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DOCUMENT # L05000063850 1. Entity Name SIX GUN RESTAURANT HOLDING LLC					
Principal Place of Business 1645 SE 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441			Mailing Address 1645 SE 3RD COURT SUITE 200 DEERFIELD BEACH, FL 33441		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4531665	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LLOYD GRANET, P.A. 2295 NW CORPORATE BLVD, STE. 235 BOCA RATON, FL 33431-7330			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Member <input type="checkbox"/> Delete		TITLE	Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Robert Geiserman		NAME		
STREET ADDRESS	1645 SE 3rd Court, Ste. 200		STREET ADDRESS		
CITY-ST-ZIP	Deerfield Beach, FL 33441		CITY-ST-ZIP		
TITLE	Member <input type="checkbox"/> Delete		TITLE	Managing Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Marc Geiserman		NAME		
STREET ADDRESS	1645 SE 3rd Court, Ste. 200		STREET ADDRESS		
CITY-ST-ZIP	Deerfield Beach, FL 33441		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date A.24.06 Daytime Phone # 954.422.1001		