2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Aug 29, 2006 8:00 am Secretary of State DOCUMENT # L05000068476 08-29-2006 90074 031 ****55.00 VISIONARY RESTAURANTS CONCEPTS, LLC Mailing Address Principal Place of Business 9076 GREAT HERON CIRCLE ORLANDO FL 32836 9076 GREAT HERON CIRCLE ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address 520 N. ORLANDO 460 N. ORLANDO AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) SWITE 122 SUITE 4. FEI Number Applied For City & State City & State WINTER PARK Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 9076 GREAT HERON CIRCLE ORLANDO FL 32836 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete ПΩЕ PRESIDENT Change ☐ Addition ROBERT B. MOORE NAME NAME. 9076 GREAT HERON CIRCLE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32836 ORLANDO FL ☐ Delete Addition | VICE PRESIDENT DAVID SPINOGATTI STREET ADDRESS STREET ADDRESS BONICA WAY 13415 CITY-ST-ZIP WINDERMERE FL CITY-ST-7/P 34786 ☐ Defete ☐ Change Addition TITLE TITLE SECRETARY SUSEN MOORE NAME NAME 9076 GREAT HERON CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 32836 ORLANDO ☐ Change TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F III) E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-2IP

11. Thereby 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 or this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 AND TYPED OR BRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

8-22-06 407-644-4265