

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071969

Entity Name: ISLAND TIKI GRILL, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

1850 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

1850 E. MERRITT ISLAND CSWY
MERRITT ISLAND, FL 32952

New Mailing Address:

313 N. INDIAN RIVER DRIVE
COCOA, FL 32922

FEI Number: 20-3181212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, CHARLES M
313 N. INDIAN RIVER DRIVE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROOKS, CHARLES M
Address: 1850 E. MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR () Delete
Name: BROOKS, BEVERLY A
Address: 1850 E. MERRITT ISLAND CSWY
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BROOKS, CHARLES M
Address: 313 N INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 32933

Title: MGR (X) Change () Addition
Name: BROOKS, BEVERLY A
Address: 313 N INDIAN RIVER DRIVE
City-St-Zip: COCOA, FL 32922

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: BEVERLY BROOKS

MGR

04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date