2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080867

Entity Name: CRAVE-IN ENTERPRISES, LLC

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

735 KILDRUMMY DRIVE 8358 QUIMBY CIRCLE

DAVENPORT, FL 33896 US DAVENPORT, FL 33896 US

Current Mailing Address: New Mailing Address:

PO BOX 420943 8358 QUIMBY CIRCLE

KISSIMMEE, FL 34742 US DAVENPORT, FL 33896 US

FEI Number: 20-3310998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAVEN, DAVID CRAVEN, DAVID B MR 735 KILDRUMMY DRIVE 8358 QUIMBY CIRCLE

DAVENPORT, FL 33896 US DAVENPORT, FL 33896 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: DAVID B CRAVEN 03/19/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 CRAVEN, KAREN A
 Name:
 CRAVEN, KAREN A

 Address:
 735 KILDRUMMY DRIVE
 Address:
 8358 QUIMBY CIRCLE

 City-St-Zip:
 DAVENPORT, FL 33896 US
 City-St-Zip:
 DAVENPORT, FL 33896 US

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 CRAVEN, DAVID B
 Name:

 Address:
 735 KILDRUMMY DRIVE
 Address:

 City-St-Zip:
 DAVENPORT, FL 33896 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KAREN A CRAVEN MGRM 03/19/2009