2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# L05000082994

Entity Name: EGG-CEPTIONAL RESTAURANT GROUP, LLC

Current Principal Place of Business:

1825 SOUTH OSPREY AVENUE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1825 SOUTH OSPREY AVENUE
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 56-2647926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P ESQ.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

MENKE, C. CRAIG
1825 SOUTH OSPREY AVENUE
SARASOTA, FL 34239 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: C. CRAIG MENKE 03/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MENKE, C. CRAIG	
Address:	1825 SOUTH OSPREY AVENUE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	MGRM	(X) Delete
Name:	MENKE, NATASHA M	
Address:	1825 SOUTH OSPREY AVENUE	
City-St-Zip:	SARASOTA, FL 34239	
Title:	MGRM	(X) Delete
Name:	NOVAK, ELIZABETH J	
Address:	1401 HILLVIEW DRIVE	
City-St-Zip:	SARASOTA, FL 34239	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: C. CRAIG MENKE MGRM 03/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date