

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000083181

FILED
Nov 03, 2006
Secretary of State

Entity Name: MOE'S SOUTHWEST GRILL THE VILLAGES, LLC

Current Principal Place of Business:

670 U.S. HIGHWAY 441 NORTH
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

2311 WEST MORRISON AVE., #1
TAMPA, FL 33629

New Mailing Address:

6020 WINTHROP TOWN CENTRE AVENUE
RIVERVIEW, FL 33569

FEI Number: 20-3385952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEL, ANTONY G
2311 WEST MORRISON AVE., #1
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

FRIEL, ANTONY G
6020 WINTHROP TOWN CENTRE AVENUE
RIVERVIEW, FL 33569 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:

11/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAVING FANS RESTAURA, NT GROUP I, LL C
Address: 2338 WEST BRANDON
City-St-Zip: BRANDON, FL 33511

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DISSER, MICHAEL D
Address: 6020 WINTHROP TOWN CENTRE AVENUE
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Change (X) Addition
Name: FRIEL, ANTONY G
Address: 6020 WINTHROP TOWN CENTRE
City-St-Zip: RIVERVIEW, FL 33569

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: ANTONY G FRIEL

MGRM

11/03/2006

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