

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085420

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** EAST COAST TIJUANA FLATS OF FLORIDA FRANCHISE NO. 4, LLC

**Current Principal Place of Business:**

2699 LEE RD, SUITE 511  
WINTER PARK, FL 32789

**New Principal Place of Business:**

13529 BEACH BLVD  
SUITE 201B  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

2699 LEE RD, SUITE 511  
WINTER PARK, FL 32789

**New Mailing Address:**

PO BOX 929  
OAKLAND, FL 34760

**FEI Number:** 25-1924720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHAVER, JAMES  
2699 LEE RD, SUITE 511  
WINTER PARK, FL 32789 US

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

SHAVER, JAMES  
300 SOUTH TUBB STREET  
OAKLAND, FL 34760 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:**

04/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** EAST COAST FLATS LLC,  
**Address:** 2699 LEE RD, SUITE 511  
**City-St-Zip:** WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** EAST COAST FLATS LLC,  
**Address:** PO BOX 929  
**City-St-Zip:** OAKLAND, FL 34760

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:** JAMES SHAVER

MGR

04/15/2008

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