

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90047 046 ***138.75

DOCUMENT # L05000086435 1. Entity Name FRANCHISE DEVELOPMENT GROUP, LLC			
Principal Place of Business 9561 FONTAINEBLEAU BLVD 619 MIAMI, FL 33172 US		Mailing Address 9561 FONTAINEBLEAU BLVD 619 MIAMI, FL 33172 US	
2. Principal Place of Business - No P.O. Box # 14507 Pond Cypress Way Suite, Apt. #, etc.		3. Mailing Address 14507 Pond Cypress Way Suite, Apt. #, etc.	
City & State Tampa, FL Zip 33626 Country USA		City & State Tampa, FL Zip 33626 Country USA	
4. FEI Number 20-3402463		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HITE, CATHERINE ESQ. 799 BRICKELL PLZ SUITE 700 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'OLIVEIRA, JOHN 8004 NW 154 STREET / APT. 254 MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM VANHARASZ, ED 9561 FONTAINEBLEAU BLVD APT 619 MIAMI FL 33172	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	MGRM D'Oliveira, John 14507 Pond Cypress Way Tampa, FL 33626
MGRM VANHARASZ, Edward 14507 Pond Cypress Way Tampa, FL 33626	<input type="checkbox"/> Change <input type="checkbox"/> Addition	MGRM VANHARASZ, Edward 14507 Pond Cypress Way Tampa, FL 33626	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM VANHARASZ, Edward 14507 Pond Cypress Way Tampa, FL 33626	<input type="checkbox"/> Change <input type="checkbox"/> Addition	MGRM VANHARASZ, Edward 14507 Pond Cypress Way Tampa, FL 33626	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM VANHARASZ, Edward 14507 Pond Cypress Way Tampa, FL 33626	<input type="checkbox"/> Change <input type="checkbox"/> Addition	MGRM VANHARASZ, Edward 14507 Pond Cypress Way Tampa, FL 33626	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>E. Vanharasz</i></u> Edward VANHARASZ MGRM 1/3/08 305-215-6607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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