


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90096 047 \*\*\*138.75

<b>DOCUMENT # L05000092029</b>	
1. Entity Name <b>B-DUB PARTNERS-I, LLC</b>	

Principal Place of Business <b>2253 SHAKER RUN RD LEXINGTON, KY 40509</b>	Mailing Address <b>5323 BEACH BLVD MASON, OH 45040</b>
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2. Principal Place of Business - No P.O. Box # <b>30 TRI COUNTY PKWY</b>	3. Mailing Address <b>30 TRI COUNTY PKWY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CINCINNATI, OH</b>	City & State <b>CINCINNATI, OH</b>
Zip <b>45246</b>	Zip <b>45246</b>
Country <b>USA</b>	Country <b>USA</b>

**60044654**



07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3667365</b>		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 <b>SUNCOAST RESTAURANTS LLC 9409 US HWY 19, SUITE 679A PORT RICHEY, FL 34668</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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 *Sanmukh Patel, MGRM* DATE *7/8/2008*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SANMUKH 180 PINNACLE PEAK FAIRFIELD, OH 45014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, JITENDRA 126B CLUBHOUSE LN LEBANON, OH 45036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RAVINDRA 16606 VILLALENDA DE AVILA TAMPA, FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHAKTA, KANTILAL 201 MANSION ST LOUISIANA, MO 63353 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, RANCHHOD 2253 SHAKER RUN ROAD LEXINGTON, KY 40509 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Sanmukh Patel* DATE *7/8/2008* DAYTIME PHONE # *513.771.3565*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE