

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092037

FILED
Apr 29, 2006
Secretary of State

Entity Name: B-DUB PARTNERS II, LLC

Current Principal Place of Business:

2253 SHAKER RUN RD
LEXINGTON, KY 40509

New Principal Place of Business:

Current Mailing Address:

2253 SHAKER RUN RD
LEXINGTON, KY 40509

New Mailing Address:

FEI Number: 20-3741577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNCOAST RESTAURANTS LLC
9409 US HWY 19, STE 679A
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, HEMAL
Address: 2253 SHAKER RUN RD
City-St-Zip: LEXINGTON, KY 40509

Title: MGRM () Delete
Name: PATEL, SANMUKH
Address: 180 PINNACLE PEAK
City-St-Zip: FAIRFIELD, OH 45014

Title: MGRM () Delete
Name: PATEL, JITENDRA
Address: 126B CLUBHOUSE LN
City-St-Zip: LEBANON, OH 45036

Title: MGRM () Delete
Name: BHAKTA, KANTILAL
Address: 201 MANSION ST
City-St-Zip: LOUISIANA, MO 63353

Title: MGRM () Delete
Name: PATEL, RAVINDRA
Address: 16606 VILLELEND DE AVILA
City-St-Zip: TAMPA, FL 33613

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:

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: HEMAL PATEL

MGRM

04/29/2006

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