

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90041 031 ****50.00

DOCUMENT # L05000092037

1. Entity Name
B-DUB PARTNERS II, LLC



Principal Place of Business
**2253 SHAKER RUN RD
LEXINGTON, KY 40509**

Mailing Address
**2253 SHAKER RUN RD
LEXINGTON, KY 40509**

00002620

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
5323 BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-LLC CR2E083 (12/06)

City & State

City & State
MASON OH

4. FEI Number
20-3741577

Applied For
Not Applicable

Zip

Country

Zip
45040

Country
WARREN

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, HEMAL
2253 SHAKER RUN RD
LEXINGTON, KY 40509** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, SANMUKH
180 PINNACLE PEAK
FAIRFIELD, OH 45014** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, JITENDRA
126B CLUBHOUSE LN
LEBANON, OH 45036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BHAKTA, KANTILAL
201 MANSION ST
LOUISIANA, MO 63353** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PATEL, RAVINDRA
16606 VILLELEND DE AVILA
TAMPA, FL 33613** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Utpal Patel

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

Date

Daytime Phone #

7/11/07 (513) 459-3066