


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-14-2008 90096 039 ***138.75

DOCUMENT # L05000092037	
1. Entity Name B-DUB PARTNERS II, LLC	

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

City & State CINCINNATI OHIO	City & State CINCINNATI OH
Zip 45246	Country USA
Zip 45246	Country USA

60044662



07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3741577	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SUNCOAST RESTAURANTS LLC 9409 US HWY 19, STE 679A PORT RICHEY, FL 34668	

7. Name and Address of New Registered Agent	
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 <u><i>Sanmukh Patel</i></u>	DATE <u>7/13/08</u>
<small>Signature, typed or printed name of registered agent; and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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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 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	MGRM PATEL, RAVINDRA 16606 VILLELENDIA 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	<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: <u><i>Sanmukh Patel, mgrm</i></u>	DATE: <u>7/13/08</u>	DAYTIME PHONE: <u>513.777.3565</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		