2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L05000096868

Entity Name: LOG CABIN BARBEQUE OF LABELLE, LLC.

Current Principal Place of Business:

1659 BIG PINE LANE
LABELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1464
LABELLE, FL 33975

New Mailing Address:

FEI Number: 16-1735748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, TIMOTHY R
1659 BIG PINE LANE
LABELLE, FL 33935 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: HOWARD, TIMOTHY R
Address: 1659 BIG PINE LANE
City-St-Zip: LABELLE, FL 33935

Title: MGRM ( ) Delete
Name: HANES, SHERRY
Address: 4004 RYE COURT
City-St-Zip: FORT LABELLE, FL 33935

Title: MGRM ( ) Delete
Name: HOWARD, TERESA E
Address: 1659 BIG PINE LANE
City-St-Zip: LABELLE, FL 33935

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:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY HOWARD MR 05/01/2007

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