

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110070

Entity Name: GRANNY'S GRUB, LLC.

FILED  
Jan 18, 2006  
Secretary of State

## Current Principal Place of Business:

740 PETE'S LANE  
DAVENPORT, FL 33837 US

## New Principal Place of Business:

## Current Mailing Address:

740 PETE'S LANE  
DAVENPORT, FL 33837 US

## New Mailing Address:

233 GRAND RESERVE DRIVE  
DAVENPORT, FL 33837 US

FEI Number: 20-3792990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

YONKIN, SUSAN  
740 PETE'S LANE  
DAVENPORT, FL 33837 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: YONKIN, SUSAN  
Address: 740 PETE'S LANE  
City-St-Zip: DAVENPORT, FL 33837 US

Title: MGRM ( ) Delete  
Name: YONKIN, CHRISTOPHER  
Address: 740 PETE'S LANE  
City-St-Zip: DAVENPORT, FL 33837 FL

Title: MGRM ( ) Delete  
Name: MCMULLEN, JOYCEE  
Address: 740 PETE'S LANE  
City-St-Zip: DAVENPORT, FL 34746

## 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 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: SUSAN YONKIN

MGRM

01/18/2006

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