

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116078

Entity Name: FIRST COAST FONDUE, LLC

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

7860 GATE PARKWAY  
#101  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

7860 GATE PARKWAY  
#101  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 20-4075037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLISON, LEE G ESQ.  
6817 SOUTHPOINT PARKWAY  
603  
JACKSONVILLE, FL, FL 32216 US

## Name and Address of New Registered Agent:

ROBIE, MICHAEL P  
7860 GATE PARKWAY  
101  
JACKSONVILLE, FL 32256 US

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: MICHAEL P ROBIE

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROBIE, MICHAEL P  
Address: 2149 SWALLOWTAIL ANE  
City-St-Zip: ST.AUGUSTINE, FL 32092

Title: MGRM ( ) Delete  
Name: ADDISON, DANNY N II  
Address: 104 PALMERA CT.  
City-St-Zip: PONTE VEDRA BCH, FL 32082

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROBIE, MICHAEL P  
Address: 246 CASA SEVILLA AVE  
City-St-Zip: ST.AUGUSTINE, FL 32092

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: MICHAEL P. ROBIE

MGRM

04/15/2009

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