2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000119455

1. Entity Name

ORIGINAL MARYLAND FRIED CHICKEN LLC



FILED Jan 17, 2008 08:00 AN Secretary of State

Principal Place of Business

1672 SOUTH ORANGE BLOSSOM TR

APOPKA, FL 32703

Mailing Address 424 APRIL LN

APOPKA, FL 32712



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 14-1947446 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTANTINE, ROBERT 1672 SOUTH ORANGE BLOSSOM TR APOPKA, FL 32703

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| 8. The above named entity submits this statement for the purpose of charthe obligations of registered agent. | inging its registered office or registered agent, or both | , in the State of Florida. I am familiar with, and accept |
|--|--|---|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | |

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COSTANTINE, ROBERT TRUSTEE 1672 SOUTH ORANGE BLOSSOM TR APOPKA, FL 32703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| NAME STREET ADDRESS CITY-ST-ZIP | |

U00000786927 01/17/08-80062-007 138.75

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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.

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1-14-08