2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000003551

Entity Name: INTERNATIONAL BARS & RESTAURANTS, LLC

Current Principal Place of Business:

2838 BEACH BLVD.
GULFPORT, FL 337075528 US

New Principal Place of Business:

2832 BEACH BLVD.
GULFPORT, FL 337075528 US

Current Mailing Address:

1314 CAPE CORAL PARKWAY
SUITE 207
CAPE CORAL, FL 339049646 US

New Mailing Address:

FEI Number: 20-4081614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAHAM, RONALD L
1314 CAPE CORAL PARKWAY
SUITE 207
CAPE CORAL, FL 339049646 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: MGR ( ) Delete
Name: EICKERMANN, FRANK
Address: 7953 BAYSHORE DRIVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGRM ( ) Delete
Name: KLENKE, GERY H
Address: 2838 BEACH BLVD.
City-St-Zip: GULFPORT, FL 337075528 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: EICKERMANN, FRANK
Address: 2832 BEACH BLVD.
City-St-Zip: GULFPORT, FL 337075528

Title: MGRM (X) Change ( ) Addition
Name: KLENKE, GERY H
Address: 2832 BEACH BLVD.
City-St-Zip: GULFPORT, FL 337075528 US

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: FRANK EICKERMANN MGR 04/30/2009

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