## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 03, 2008 08:00 Al Secretary of State

	ANNUAL	REPORT		<sub>-</sub> Se	cretary of S
DOCU	MENT # L06000005	628			v
1. Entity Name THE PIG & WHISTLE PUB LLC					
Principal Plac		Mailing Address			
740 SOUTH I SEBASTIAN,	FLEMING STREET FL 32958 US	740 SOUTH FLEMING STREET SEBASTIAN, FL 32958 US			
SCONSTINII,	12 32330 03	JEBASTIAN, 16 32330 03		4.9506	
ξ <sup>¢</sup>					
DO NOT WRITE IN THIS SPA					
			CE	03282008 No Chg-LLC C	R2E083 (12/07)
				4. FEI Number	Applied For
				20-4156694	Not Applicable \$5.00 Additional
<u></u>				5. Certificate of Status Desired	Fee Required
6. Name and Address of Current Registered Agent					
HAMMILL,	EILEEN			DO NOT WEI	TE
781 GOSSAMER WING WAY			DO NOT WRITE		
SEBASTIAN, FL 32958				IN THIS SPACE	CE
				•	
8. 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. I am familiar with, and accept					
the obligations of registered agent.					
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				( የሚጠርስ ማ	năra mira
After May 1, 2008 Fee will be \$538.75					3278 1011-022 138 75
9.	MANAGING MEMBE	RS/MANAGERS			HILL THEF 135, 13
TITLE	MGR				
NAME STREET ADDRESS	HAMMILL, EILEEN R 781 GOSSAMER WING WAY				
CITY-ST-ZIP	SEBASTIAN, FL 32958				
TITLE	MGR		1		
NAME	HAMMILL, MARTIN				
STREET ADDRESS	781 GOSSAMER WING WAY				
CITY-ST-ZIP	SEBASTIAN, FL 32958		4	•	
TITLE NAME			-		
STREET ADDRESS			]	DO NOT WO	
CITY-ST-ZIP			j	DO NOT WRI	
TITLE				IN THIS SPA	CE
NAME			I	III IIIIO OI A	<b>~ –</b>
STREET ADDRESS CITY-ST-ZIP					
TITLE		· · · · · · · · · · · · · · · · · · ·	1		
NAME					
STREET ADDRESS					
1 131 Y - N. ( - /ID			-		

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.

SIGNATURE: Cillen & Hammil

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3-31-08 7

772 5815140