2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031737

Title:

Name:

Address:

City-St-Zip:

Entity Name: RIVERGATE STEAKHOUSE COMPANY, LLC

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FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 907 SEDDON COVE WAY 400 N. ASHLEY DRIVE TAMPA, FL 33602 TAMPA, FL 33602 **Current Mailing Address: New Mailing Address:** 907 SEDDON COVE WAY 400 N. ASHLEY DRIVE SUITE 310 TAMPA, FL 33602 TAMPA, FL 33602 US FEI Number: 20-5127681 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GIBBONS, TUCKER, MILLER, WHATLEY & STEIN, P IAVARONE, DEREK E 101 EAST KENNEDÝ BLVD., STE 2190 400 N. ASHLEY DRIVE TAMPA, FL 336023664 US SUITE 310 TAMPA, FL 33602 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: DEREK E. IAVARONE 03/29/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change (X) Addition () Delete IAVARONE, MALIO J Name: Name: Address: Address: 907 SEDDON COVE WAY City-St-Zip: City-St-Zip: TAMPA, FL 33602 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: IAVARONE, SHIRLEY A Address: Address: 907 SEDDON COVE WAY City-St-Zip: City-St-Zip: TAMPA, FL 33602 US Title: () Delete Title: MGRM () Change (X) Addition IAVARONE, DEREK E Name: Name: Address: Address: 3934 FONTAINEBLEU DR. City-St-Zip: City-St-Zip: TAMPA, FL 33634 US

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.

Title:

Name:

Address:

City-St-Zip:

MGRM

FERNANDEZ, JASON E

917 CIMMERON DRIVE

TAMPA, FL 33603 US

() Change (X) Addition

SIGNATURE: SHIRLEY IAVARONE MGRM 03/29/2007