### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L06000037063

1. Entry Name

HERITAGE RESTAURANT SERVICES, L.L.C.



Principal Place of Business

JACKSONVILLE, FL 32225

Mailing Address

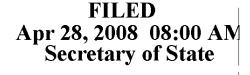
13171 ATLANTIC BI.VD.

13171 ATLANTIC BLVD.

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JACKSONVILLE, FL 32225





04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4814249 Applied For Not Applicable

5. Certificate of Status Desired

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\$5.00 Additional

6. Name and Address of Current Registered Agent

CHUNN, DOUGLAS D ONE INDEPENDENT DRIVE, SUITE 3201 JACKSONVILLE, FL 32202

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8. The above named entity su	abmits this statement for the purpose of changin	g its registered office or registered agent, or bot	<ol> <li>in the State of Florida.</li> </ol>	Lam familiar with, and accept
the obligations of registere				

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		
THE NAME STREET ALDRESS CHY-SI-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP	MGR REGISTER, WILLIAM P 13171 ATLANTIC BLVD. JACKSONVILLE, FL 32225	
THE HAME STREET ADDRESS CITY-ST-ZIP		
TITLL FLAME STREET ADDRESS CITY-ST-ZIP	;	
TIFLE HAME STREET ADDRESS ONY-ST-ZIP	,-	
DILE MAIME, STREET ACORESS CITY+S1-71P		

U00000930493 05/21/08-80112-005 143.75

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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes if 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN

IG MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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