2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 13, 2007 8:00 am Secretary of State **DOCUMENT # L06000041881** 03-13-2007 90119 019 ****50 00 DINERSNATION.COM LLC Principal Place of Business Mailing Address 311 STILLWATER COVE 311 STILLWATER COVE DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISHER, GREG Street Address (P.O. Box Number is Not Acceptable) 311 STILLWATER COVE DESTIN, FL 32541 City Zip Code 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 regist SIGNATURE . e whed or printed purps of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ** MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change ☐ Addition NAME BINDAS, STÊVE NAME 3702 WINDING LAKE CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP MGR TITLE TULE ☐ Delete ☐ Change ☐ Addition NAME FISHER, GREG NAME STREET ADDRESS 311 STILLWATER COVE STREET ADDRESS DESTIN, FL 32541 CITY-ST-7IP CITY-ST-ZIP MGR Delete TITLE TITLE ☐ Change ☐ Addition NAME JACKSON, BEN NAME 2526 W. TENNESSEE STREET, APT. 12111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32304 TITLE MGR ☐ Delete TITLE Change ☐ Addition NAME HEIN, BEN NAME STREET ADDRESS 311 STILLWATER COVE STREET ADDRESS CITY+ST-7IP DESTIN, FL 32541 CITY-ST-7IP MGR Delete TITLE TITLE Addition MIKE FISHER NAME NAME 311 Stillwater core STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPES OF PRINTED IN THE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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