

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050817

FILED
Apr 23, 2008
Secretary of State

Entity Name: DICK'S PHILLY STEAKS, LLC

Current Principal Place of Business:

229 DEL PRADO BLVD., UNIT 15
CAPE CORAL, FL 33904

New Principal Place of Business:

229 DEL PRADO BLVD UNIT 15
CAPE CORAL, FL 33909 US

Current Mailing Address:

229 DEL PRADO BLVD., UNIT 15
CAPE CORAL, FL 33904

New Mailing Address:

229 DEL PRADO BLVD UNIT 15
CAPE CORAL, FL 33909 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM () Delete
Name: BOWER, MARYBETH
Address: 2526 SE 23RD PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: BOWER, ROBERT
Address: 2526 SE 23RD PLACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: BOWER, MARYBETH
Address: 2526 SE 23RD PLACE
City-St-Zip: CAPE CORAL, FL 33904

Title: D (X) Change () Addition
Name: BOWER, ROBERT
Address: 2526 SE 23RD PLACE
City-St-Zip: CAPE CORAL, FL 33904

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: ROBERT F BOWER

MGRM

04/23/2008

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