

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059758

Entity Name: MT'S CHOP HOUSE, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

3545 S.W. 34TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3545 S.W. 34TH STREET
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 84-1712266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMSTED, SCOTT
127 LAKE SERENA DRIVE
MELROSE, FL 32666 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: OLMSTED, SCOTT
Address: 3545 S.W. 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: OLMSTED, SCOTT
Address: 3545 S.W. 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: MR () Change (X) Addition
Name: TERHEGGEN, MARK
Address: 3545 S.W. 34TH ST SUITE A
City-St-Zip: GAINESVILLE, FL 32608

Title: MRS () Change (X) Addition
Name: SMITH, SHERRY
Address: 3545 S.W. 34TH ST. SUITE A
City-St-Zip: GAINESVILLE, FL 32608

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: SCOTT OLMSTED

MR

04/30/2008

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