FILED
May 16, 2007 8:00 am
Secretary of State

04-23-2007 90378 019 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097578

1. Entity Name
SINGAPORE GRILLE, LLC

30007960

Principal Place of Business
~~1112 CEDAR STREET~~
~~DAYTONA BEACH, FL 32117~~

Mailing Address
1112 CEDAR STREET
DAYTONA BEACH, FL 32114

01142007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1676 RIDGEWOOD AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLY HILL FLORIDA	City & State
Zip: 32117 Country: USA	Zip Country

4. FEI Number: 51-060-5553 ☐ Applied For ☐ Not Applicable

5. ~~Certificate of Status Desired~~ ☐ - $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUIE, SIRIYUPA 1112 CEDAR STREET DAYTONA BEACH, FL 32114	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registered agent.

SIGNATURE [signature] 4/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUIE, SIRIYUPA 1112 CEDAR STREET DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NG, SUM 1112 CEDAR STREET DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #