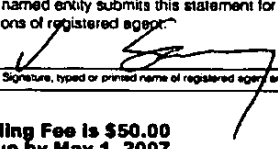
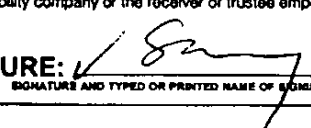


FILED  
May 16, 2007 8:00 am  
Secretary of State

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

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                  |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L06000097578                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                 |                                                                   |
| 1. Entity Name<br>SINGAPORE GRILLE, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                                                                  |                                                                   |
| Principal Place of Business<br>1112 CEDAR STREET<br>DAYTONA BEACH, FL 32117                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | Mailing Address<br>1112 CEDAR STREET<br>DAYTONA BEACH, FL 32114                                                                  |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br>1676 RIDGEWOOD AVE<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                        |                                                                   |
| City & State<br>HOLLY HILL FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | City & State                                                                                                                     |                                                                   |
| Zip<br>32117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Country<br>USA                                                                                            | Zip                                                                                                                              | Country                                                           |
| 4. FEI Number<br>51-060-5553                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Applied For<br>Not Applicable                                                                                                    |                                                                   |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | \$5.00 Additional Fee Required                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br>HUIE, SIRIYUPA<br>1112 CEDAR STREET<br>DAYTONA BEACH, FL 32114                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br><br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                        |                                                                                                           | DATE<br>4/17/07<br>(NOTE: Registered Agent signature required when reappointing)                                                 |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | Make check payable to<br>Florida Department of State                                                                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | 10. ADDITIONS/CHANGES                                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>HUIE, SIRIYUPA<br>1112 CEDAR STREET<br>DAYTONA BEACH, FL 32114<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>NG, SUM<br>1112 CEDAR STREET<br>DAYTONA BEACH, FL 32114<br><input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> 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:<br><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                               |                                                                                                           | DATE<br>4/17/07<br>Daytime Phone #                                                                                               |                                                                   |

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