

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098111

FILED
Feb 18, 2008
Secretary of State

Entity Name: FIFTH AVENUE GRILL, LLC

Current Principal Place of Business:

900 EAST ATLANTIC AVENUE
SUITE 12
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

900 EAST ATLANTIC AVENUE
SUITE 12
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0087826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, MARK A ESQ.
50 SE 4TH AVENUE
DELRAY BEACH, FL 33483 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: MGR () Delete
Name: THERIEN, JOHN
Address: 900 EAST ATLANTIC AVENUE, SUITE 12
City-St-Zip: DELRAY BEACH, FL 33483

Title: A () Delete
Name: THERIEN, CLAIRE
Address: 900 E ATLANTIC AVE #12
City-St-Zip: DELRAY BEACH, FL 33483

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: THERIEN, LUKE
Address: 900 E ATLANTIC AVE #12
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR () Change (X) Addition
Name: THERIEN, GILLES
Address: 900 E. ATLANTIC AVE #12
City-St-Zip: DELRAY BEACH, FL 33483

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: LUKE THERIEN

MGR

02/18/2008

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