2007 LIMITED LIABILITY COMPANY

Jul 09, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L06000111682** 04-27-2007 90031 044 ****50.00 SAVÁNNAH'S CAFE, LLC Principal Place of Business Mailing Address 30011921 1078 FOURTEENTH AVENUE NORTH 1078 FOURTEENTH AVENUE NORTH ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032007 Cha-LLC CR2E083 (12/06) 4. FEI Number 20-8004418 City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WARREN, JOHN B Street Address (P.O. Box Number is Not Acceptable) 1078 FOURTEENTH AVENUE NORTH ST. PETERSBURG, FL 33705 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE TITLE ☐ Delete ☐ Change ☐ Addition WARREN, JOHN B NAME STREET ADDRESS 1078 FOURTEENTH AVENUE NORTH STREET ADDRESS ST. PETERSBURG, FL 33705 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/P CITY-ST-7IP TITLE Delete ☐ Change TITLE ■ Addition NAME NAME

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

FILED

ATTACHMENT

- L06000111682

July 3, 2007

Re: Annual LLC report with Dept. requested corrections

To who it may concern,

Please find enclosed a revised annual report, including requested FEI Number. I understand you're holding the earlier report and check pending this information.

If any additional infois required please contact me immediately at 727-458-4964.

John Warren