2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

DOCUMENT# L06000112649

Entity Name: THE BRICK GRILL LLC

Current Principal Place of Business:

27674 HIGHWAY 19
OLD TOWN, FL 32680 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1168
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 42-1718611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEY, JOHN
417 ST. JOHNS AVENUE
PALATKA, FL 32177 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:	JOHNS, BLANCHE M	
Address:	P.O. BOX 1168	
City-St-Zip:	OLD TOWN, FL 32680 US	
Title:	MGRM	( ) Delete
Name:	JOHNS, EUGENE C	
Address:	P.O. BOX 1168	
City-St-Zip:	OLD TOWN, FL 32680 US	
Title:	MGRM	( ) Delete
Name:	BASS, JOHN A	
Address:	P.O. BOX 1168	
City-St-Zip:	OLD TOWN, FL 32680 US	

ADDITIONS/CHANGES:

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

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: BLANCHE M. JOHNS MGRM 08/26/2008

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