
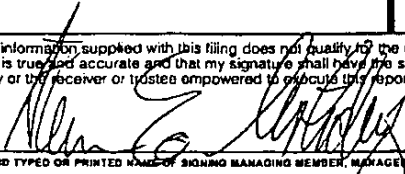


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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9/11/2008-90025-010-\$150.00-\$150.00
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JULIUS

DOCUMENT # L06000122845					
1. Entity Name WESTENDORF'S SUNSET GRILLE AT HOLIDAY HARBOR MARINA, LLC					
Principal Place of Business 14050 CANAL-A-WAY PENSACOLA, FL 32507			Mailing Address 5248 CHOCTAW AVE. PENSACOLA, FL 32507		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	08292008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 70-8121199				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WESTENDORF, STEVEN E 5248 CHOCTAW AVE. PENSACOLA, FL 32507			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		TOD BY FL DEPT OF REV TO PAY 15000 - Never received.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTENDORF, STEVEN E 5248 CHOCTAW AVE. PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTENDORF, MARGARET S 5248 CHOCTAW AVE. PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 prepare this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date _____ Daytime Phone # _____	

REINSTATEMENT 2007-08

Suzanne Hawkes
Regulatory Specialist II
P.O. Box 6327
Tallahassee, Florida 32314

Ref: L06000122845 Westendorf's Sunset Grille

Dear Mrs. Hawkes,

Thank you for speaking to Monday about the named corporation. Per your request I am enclosing the annual report. Please remember that I was told by the Florida Dept. of Revenue to print out the annual report and write out that the client only owed \$150 and that we never received.

Thank you,

Skip Shelton