

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025510

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE RESTAURANT GROUP OF TAMPA, L.L.C.

Current Principal Place of Business:

6 SANDPIPER ROAD
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

6 SANDPIPER ROAD
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALVAREZ, KIM
6 SANDPIPER ROAD
TAMPA, FL 33609 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: ALVAREZ, ANDRES
Address: 6 SANDPIPER ROAD
City-St-Zip: TAMPA, FL 33609 US

Title: MGR () Delete
Name: QUINN, SCOTT R
Address: 6 SANDPIPER ROAD
City-St-Zip: TAMPA, FL 33609 US

Title: MGR () Delete
Name: HARRIS, GLENN
Address: 6 SANDPIPER ROAD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: HARRIS, GLENN
Address: P.O. BOX 20593
City-St-Zip: TAMPA, FL 33622

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: GLENN HARRIS

MGRM

04/29/2008

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