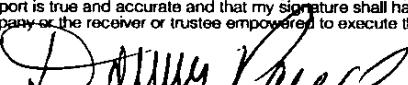


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Mar 28, 2008 8:00 am  
Secretary of State**

03-28-2008 90169 043 \*\*\*143.75

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| <b>DOCUMENT # L07000032648</b>   |   |  |  |  |   |
| 1. Entity Name<br>USA GRILL, LLC   |   |   |  |  |   |
| Principal Place of Business<br>15025 NW 77TH AVENUE, SUITE 113<br>MIAMI, FL 33014  |   | Mailing Address<br>15025 NW 77TH AVENUE, SUITE 113<br>MIAMI, FL 33014             |  |  |   |
| 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  |  |   |
| 6. Name and Address of Current Registered Agent<br><br>MIAMI CORPORATE SYSTEMS, INC.<br>283 CATALONIA AVENUE, 2ND FLOOR<br>CORAL GABLES, FL 33134  |   |   |  | 7. Name and Address of New Registered Agent        |   |
|  |   |   |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |  |  |   |
| (NOTE: Registered Agent signature required when reinstating) _____<br><small>DATE</small>  |   |   |  |  |   |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   |   |  |  | Make check payable to<br>Florida Department of State              |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES  |  |   |
| Title<br>Name<br>Street Address<br>City-ST-Zip   | MGR<br>PANDO, DOMINGO<br>15025 NW 77TH AVENUE, SUITE 113<br>MIAMI, FL 33014 |   | <input type="checkbox"/> Delete  | Title<br>Name<br>Street Address<br>City-ST-Zip     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Title<br>Name<br>Street Address<br>City-ST-Zip   |   |   | <input type="checkbox"/> Delete  | Title<br>Name<br>Street Address<br>City-ST-Zip     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Title<br>Name<br>Street Address<br>City-ST-Zip   |   |   | <input type="checkbox"/> Delete  | Title<br>Name<br>Street Address<br>City-ST-Zip     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Title<br>Name<br>Street Address<br>City-ST-Zip   |   |   | <input type="checkbox"/> Delete  | Title<br>Name<br>Street Address<br>City-ST-Zip     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Title<br>Name<br>Street Address<br>City-ST-Zip   |   |   | <input type="checkbox"/> Delete  | Title<br>Name<br>Street Address<br>City-ST-Zip     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Title<br>Name<br>Street Address<br>City-ST-Zip   |   |   | <input type="checkbox"/> Delete  | Title<br>Name<br>Street Address<br>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 execute this report as required by Chapter 608, Florida Statutes. |   |   |  |  |   |
| SIGNATURE:    |   |   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____ |  |   |