2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000060459

Entity Name: ALUMNI'S INTERNATIONAL GRILL, LLC

Current Principal Place of Business:

5347 NW ALAM CIRCLE
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

122 N 2ND ST.
FORT PIERCE, FL 34950 US

Current Mailing Address:

5347 NW ALAM CIRCLE
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 01-0902898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY, MICHAEL T
5347 NW ALAM CIRCLE
PORT ST. LUCIE, FL 34986 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: KELLY, MICHAEL T
Address: 5347 NW ALAM CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM ( ) Delete
Name: COWELL, JASON
Address: 5347 NW ALAM CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM (X) Delete
Name: MAYER, SCOTT
Address: 1281 SW GLASTONBERRY AVE
City-St-Zip: PORT ST. LUCIE, FL 34953 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: MICHAEL T. KELLY MGRM 04/29/2008

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