2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2008
Secretary of State

DOCUMENT# L07000063984

Entity Name: BEST BURGERS EAST BAY, LLC.

Current Principal Place of Business:

7056 US HWY 19 NORTH
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

13201 CATHARPIN VALLEY DRIVE
GAINESVILLE, VA 20155

New Mailing Address:

13201 CATHARPIN VALLEY DR
GAINESVILLE, VA 20155

FEI Number: **FEI Number Applied For (X)** **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:

NGUYEN, JOHN
7056 US HWY 19 NORTH
PINELLAS PARK, FL 33781 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: PHAM, ANH
Address: 13201 CATHARPIN VALLEY DRIVE
City-St-Zip: GAINESVILLE, VA 20155

Title: MGRM ( ) Delete
Name: NGUYEN, JOHN
Address: 7056 US HWY 19 NORTH
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PHAM, ANH
Address: 13201 CATHARPIN VALLEY DR
City-St-Zip: GAINESVILLE, VA 20155

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: JOHN NGUYEN MGRM 05/04/2008

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