2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000079676

Entity Name: FIFTH WHEEL BAR & GRILL, LLC

Current Principal Place of Business:

3634 JIMS CT.
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

3634 JIMS CT.
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

4604 SCOTTS RIDGE ROAD
RAYWICK, KY 40060 US

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

Name and Address of Current Registered Agent:

RIGGLE, SUSAN
3634 JIMS CT.
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

JUDY, WHITNABLE
1200 HERITAGE ACRES BLVD
ROCKLEDGE, FL 32955 US

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: JUDY WHITNABLE 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RIGGLE, SUSAN
Address: 3634 JIMS CT.
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGRM ( ) Delete
Name: RIGGLE, DAVID
Address: 3634 JIMS CT.
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RIGGLE, SUSAN
Address: 4604 SCOTTS RIDGE ROAD
City-St-Zip: RAYWICK, KY 40060 US

Title: MGRM (X) Change ( ) Addition
Name: RIGGLE, DAVID
Address: 4604 SCOTTS RIDGE ROAD
City-St-Zip: RAYWICK, FL 40060 US

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: SUSAN RIGGLE MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date