


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2008 8:00 am**  
**Secretary of State**

08-22-2008 90011 003 \*\*\*543.75

<b>DOCUMENT # L07000089932</b>					
<b>1. Entity Name</b> GUADALAJARA MEXICAN GRILL OF CALLAWAY, LLC					
<b>Principal Place of Business</b> 1007 GEORGIA AVE. C/O ISMAEL BARRAGAN LYNN HAVEN, FL 32444			<b>Mailing Address</b> 1007 GEORGIA AVE. C/O ISMAEL BARRAGAN LYNN HAVEN, FL 32444		
<b>2. Principal Place of Business - No P.O. Box #</b> 837 N. Tyndall Pkwy.		<b>3. Mailing Address</b> 2611 W. 23rd St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. C			
<b>City &amp; State</b> Callaway, FL		<b>City &amp; State</b> Panama City, FL		<b>4. FEI Number</b> 26-1088643	
<b>Zip</b> 32404		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARE, DIANE CPA 2589 JENKS AVE. PANAMA CITY, FL 32405			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARRAGAN, ISMAEL 1007 GEORGIA AVE. LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARRAGAN, SILVINO 3001 NOWELL COURT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARRAGAN, ISMAEL 1007 GEORGIA AVE. LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARRAGAN, SILVINO 3001 NOWELL COURT PANAMA CITY, FL 32405	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____				8/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
Daytime Phone #				Daytime Phone #	