


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90061 029 ***138.75

DOCUMENT # L07000094526	
1. Entity Name PAPA G'S RESTAURANT, LLC	

Principal Place of Business 2910 HWY A1A INDIALANTIC, FL 32903 US	Mailing Address 106 WINDWARD WAY INDIAN HARBOUR BEACH, FL 32937 US
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2. Principal Place of Business - No P.O. Box # 1769 HIGHWAY A1A	3. Mailing Address Suite, Apt. #, etc.
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City & State SATELLITE BEACH, FL	City & State SATELLITE BEACH, FL
Zip 32937-5434	Country USA



04262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1087535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GASKINS, RICHARD 106 WINDWARD WAY INDIAN HARBOUR BEACH, FL 32937

7. Name and Address of New Registered Agent
Name GASKINS, RICHARD
Street Address (P.O. Box Number is Not Acceptable) 106 WINDWARD WAY
City INDIAN HARBOUR BEACH, FL 32937

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 Richard D. Gaskins <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE April 26, 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASKINS, RICHARD D 501 W. FORD CIRCLE MELBOURNE, FL 32935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GASKINS, RICHARD JASON 501 W. FORD CIRCLE MELBOURNE, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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.
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SIGNATURE: Richard D. Gaskins <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	April 26, 2008 <small>Date</small>	321-591-7381 <small>Desktop Phone #</small>
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