

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90225 020 \*\*\*138.75

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L07000118071</b><br>1. Entity Name<br><b>G I ENTERTAINMENT &amp; RESTAURANT GROUP LLC</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>3640 S WEST SHORE BLVD<br/>TAMPA, FL 33629</b>   |  |   | Mailing Address<br><b>P O BOX 13109<br/>TAMPA, FL 33681</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |  |
| City & State   |  | City & State                                  |  | 02222008    Chg-LLC    CR2E083 (12/06)                                     |  |
| Zip                      Country   |  | Zip                      Country              |  | 4. FEI Number<br><b>26-1411895</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                     |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MAHDIEH, AMIR A<br/>3932 EDEN ROC CIR E<br/>TAMPA, FL 33634</b>   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br><b>OLSON &amp; BERROEN, P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>200 N. PIERCE STREET</b><br><b>4TH FLOOR</b><br>City<br><b>TAMPA</b> <b>FL</b> Zip Code<br><b>33602</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.  |  |   |  |  |  |
| SIGNATURE <u>LAURA OLSON</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CALDERONI, RICHARD A<br>2302 S WEST SHORE BLVD<br>TAMPA, FL 33629 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CALDERONI, RICHARD A.<br>3640 S. WEST SHORE BLVD<br>TAMPA, FL 33629 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VMGR<br>MAHDIEH, AMIR A<br>3932 EDEN ROC CIR E<br>TAMPA, FL 33634        | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VMGR<br>MAHDIEH, AMIR A.<br>3640 S. WEST SHORE BLVD<br>TAMPA, FL 33629     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>MAHDIEH, AMIR A<br>3932 EDEN ROC CIR E<br>TAMPA, FL 33634           | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>MAHDIEH, AMIR A.<br>3640 S. WEST SHORE BLVD<br>TAMPA, FL 33629        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>CALDERONI, RICHARD A<br>2302 S WEST SHORE BLVD<br>TAMPA, FL 33629   | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>CALDERONI, RICHARD A.<br>3640 S. WEST SHORE BLVD<br>TAMPA, FL 33629   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <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. |  |   |  |  |  |
| SIGNATURE: <u>Amir A. Mahdiah</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   | AMIR A. MAHDIEH<br>V. MANAGER                      2-28-08<br><small>Date                      Daytime Phone #</small>   |  |  |