## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000120957

Apr 29, 2009 Secretary of State

Entity Name: AUBURNDALE MAIN STREET DINER, L. L. C.

Current Principal Place of Business: New Principal Place of Business:

1801 HOBBS RD.

AUBURNDALE, FL 33823 US

Current Mailing Address: New Mailing Address:

1801 HOBBS RD.

AUBURNDALE, FL 33823 US

FEI Number: 26-1515931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RUGGIERI, MARK J
 Name:

 Address:
 1 EAGLES NEST
 Address:

City-St-Zip: WINTER HAVEN, FL 33880 US City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCGUIRE, NATHAN E
 Name:

 Address:
 730 S. ILAKEE AVE.
 Address:

 City-St-Zip:
 LAKE ALFRED, FL 33850 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 COLVIN, MICKEY L
 Name:
 COLVIN, MICKEY L

 Address:
 1550 SUNSET CIRCLE
 Address:
 280 WEST PERSHING DR

 City-St-Zip:
 MT. DORA, FL 32757 US
 City-St-Zip:
 LAKE ALFRED, FL 33850 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: MARK J RUGGIERI VP 04/29/2009