

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006651

FILED
Jan 20, 2009
Secretary of State

Entity Name: WASABI-JACKSONVILLE, LLC

Current Principal Place of Business:

118 MAJOR REYNOLDS
KNOXVILLE, TN 37919

New Principal Place of Business:

10206 RIVER COAST DR.
JACKSONVILLE, FL 32246

Current Mailing Address:

118 MAJOR REYNOLDS
KNOXVILLE, TN 37919

New Mailing Address:

10206 RIVER COAST DR.
JACKSONVILLE, FL 32246

FEI Number: 26-1806428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

TERESA, WANG
10206 RIVER COAST DR.
JACKSONVILLE, FL 32246 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: TERESA WANG

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOANG, LOI
Address: 118 MAJOR REYNOLDS
City-St-Zip: KNOXVILLE, TN 37919

Title: MGRM () Delete
Name: WANG, TERESA
Address: 118 MAJOR REYNOLDS
City-St-Zip: KNOXVILLE, TN 37919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOANG, LOI
Address: 226 LOVELL ROAD
City-St-Zip: KNOXVILLE, TN 37934

Title: MGRM (X) Change () Addition
Name: WANG, TERESA
Address: 226 LOVELL ROAD
City-St-Zip: KNOXVILLE, TN 37919

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: TERESA WANG

MGRM

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date