

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032249

FILED
Apr 28, 2009
Secretary of State

Entity Name: BIG PAPA'S CONCESSIONS AND CATERING, LLC

Current Principal Place of Business:

4107 SW 7TH AVENUE
CAPE CORAL, FL

New Principal Place of Business:

4107 SW 7TH AVENUE
CAPE CORAL, FL 33914 US

Current Mailing Address:

4107 SW 7TH AVENUE
CAPE CORAL, FL

New Mailing Address:

4107 SW 7TH AVENUE
CAPE CORAL, FL 33914 US

FEI Number: 26-2342823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, CARL HUBBARD
4107 SW 7TH AVENUE
CAPE CORAL, FL US

Name and Address of New Registered Agent:

ADAMS, CARL HUBBARD
4107 SW 7TH AVENUE
CAPE CORAL, FL 33914 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: CARL H. ADAMS

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS, CARL HUBBARD
Address: 4107 SW 7TH AVENUE
City-St-Zip: CAPE CORAL, FL

Title: MGRM () Delete
Name: ADAMS, GINA LYNNE
Address: 4107 SW 7TH AVENUE
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ADAMS, CARL HUBBARD
Address: 4107 SW 7TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM (X) Change () Addition
Name: ADAMS, GINA LYNNE
Address: 4107 SW 7TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914 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: GINA L. ADAMS

VP

04/28/2009

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