

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000035054

**FILED**  
**Aug 02, 2011**  
**Secretary of State**

**Entity Name:** BURGER 21 #1, LLC

**Current Principal Place of Business:**

9664 W LINEBAUGH AVENUE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

8810 TWIN LAKES ROAD  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 27-2552795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOWLER WHITE BOGGS P.A.  
% HUNTER J. BROWNLIE  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602 US

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

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:**

**Title:** MGRM  
**Name:** BURGER 21 INC.  
**Address:** 8810 TWIN LAKES BLVD  
**City-St-Zip:** TAMPA, FL 33614

**Title:** P  
**Name:** JOHNSTON, MARK  
**Address:** 8810 TWIN LAKES BLVD  
**City-St-Zip:** TAMPA, FL 33614

**Title:** SEC  
**Name:** JOHNSTON, ROBERT  
**Address:** 8810 TWIN LAKES BLVD  
**City-St-Zip:** TAMPA, FL 33614

**Title:** VP  
**Name:** JOHNSTON, MICHAEL  
**Address:** 8810 TWIN LAKES BLVD  
**City-St-Zip:** TAMPA, FL 33614

**Title:** SVP  
**Name:** PIERCE, SCOTT  
**Address:** 8810 TWIN LAKES BLVD  
**City-St-Zip:** TAMPA, FL 33614

I hereby 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:** SCOTT PIERCE

SVP

08/02/2011

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