2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L98000003505

Entity Name: RIISE QSR, L.C.

Current Principal Place of Business:

1720 CONWAY ISLE
ORLANDO, FL 32809

New Principal Place of Business:

1720 CONWAY ISLE CIRCLE
ORLANDO, FL 32809

Current Mailing Address:

1720 CONWAY ISLE
ORLANDO, FL 32809

New Mailing Address:

1720 CONWAY ISLE CIRCLE
ORLANDO, FL 32809

FEI Number: 59-3550473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, JÉAN E ESQUIRE
1720 CONWAY ISLE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

WILSON, JÉAN E ESQUIRE
1720 CONWAY ISLE CIRCLE
ORLANDO, FL 32809 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: _____ 04/28/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILSON, JÉAN E
Address: 1720 CONWAY ISLE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Delete
Name: WILSON, DONNA M
Address: 1720 CONWAY ISLE
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WILSON, JÉAN E
Address: 1720 CONWAY ISLE CIRCLE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM (X) Change ( ) Addition
Name: WILSON, DONNA M
Address: 1720 CONWAY ISLE CIRCLE
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN E. WILSON MGRM 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date