2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006
Secretary of State

DOCUMENT# L99000002724

Entity Name: PLANT CITY GRILLE, L.L.C.

Current Principal Place of Business:

2212 JAMES L REDMAN PARKWAY
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

2212 JAMES L REDMAN PARKWAY
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-3585649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STONE, JASON C
5496 MOON VALLEY DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

HOLSTE, CHARITY J
2212 JAMES L REDMAN PARKWAY
PLANT CITY, FL 33563 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: CHARITY J HOLSTE 06/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: STONE, TINA A
Address: 2212 JAMES L REDMAN PARKWAY
City-St-Zip: PLANT CITY, FL 33563

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: STONE, JASON C
Address: 2212 JAMES L REDMAN PARKWAY
City-St-Zip: PLANT CITY, FL 33563

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: JASON C STONE MGR 06/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date