


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

M00000000954

FILED
04 OCT 27 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000954			
1. Entity Name ZAXBY'S HOLDINGS, L.L.C.			
Principal Place of Business 1040 FOUNDER'S BOULEVARD STE. 100 ATHENS, GA 30606		Mailing Address 1040 FOUNDER'S BOULEVARD STE. 100 ATHENS, GA 30606	
2. Principal Place of Business 1905 S. 14th Street		3. Mailing Address 1040 Founders Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 100	
City & State Fernandina, FL		City & State Athens, GA	
Zip 32034	Country USA	Zip 30606	Country USA
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Connie Bryan</u> CONNIE BRYAN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required When Submitting) DATE <u>10/27/2004</u>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLEROY, ZACHARY W 1040 FOUNDER'S BOULEVARD STE. 100 ATHENS, GA 30606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOWNLEY, TONY D 1040 FOUNDER'S BOULEVARD STE. 100 ATHENS, GA 30606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Tony D. Townley</u>		Date <u>10-25-04</u> (706) 433-2259	
SIGNATURE OF FILED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	