


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000001349 1. Entity Name SONIC FLORIDA NO. 2, LLC	
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Principal Place of Business 1006 TREETOPS BLVD., SUITE 100 JACKSON, MS 39232	Mailing Address PO BOX 320159 JACKSON, MS 39232-0159
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 64-0947424	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMMONS, ROBERT O ESQ
C/O FLOYD AND SAMMONS, P.A.
1556 SIXTH STREET, SE
WINTER HAVEN, FL 33880

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

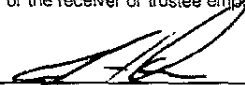
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DL INVESTMENTS, LLC 1006 TREETOPS BLVD., SUITE 100 JACKSON, MS 39232
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05/02/06-80087-015 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date: 4/20/06 Daytime Phone #: 601-664-0058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE