


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001166
1. Entity Name
Q'S RESTAURANT GROUP, LLC



Principal Place of Business: 100 HAZEL PATH, STE. B, HENDERSONVILLE, TN 37075-3867
Mailing Address: 100 HAZEL PATH, STE. B, HENDERSONVILLE, TN 37075-3867

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)
4. FEI Number: 62-1857293 Applied For: Not Applicable
5. Certificate of Status Desires: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HICKMAN, BILL G
13902 N. DALE MABRY HWY., STE. 199
TAMPA, FL 33618-2424

**DO NOT WRITE
IN THIS SPACE**

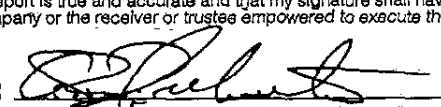
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005
000000204165
01/29/05-80057-015 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WELHOELTER, A.R.
STREET ADDRESS	100 HAZEL PATH, STE. B
CITY-ST-ZIP	HENDERSONVILLE, TN 370753867
TITLE	MGRM
NAME	HICKMAN, BILL
STREET ADDRESS	13902 N. DALE MABRY HWY., STE. 199
CITY-ST-ZIP	TAMPA, FL 336182424
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 1-24-05 DAYTIME PHONE #: 615-826-9080