## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

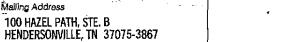
## **DOCUMENT # M02000001166**1. Entity Name

1. Entity Name Q'S RESTAURANT GROUP, LLC

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



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





DO NOT WRITE IN THIS SPACE

01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1857293 Applied For Not Applicable

5. Certificate of Status Desirec

\$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

	named entity submits this statement for the purpose of cha tions of registered agent.	ngling its registere	d office or registered agent, or bo	th, In the State of Florida. I am famil	llar with, and accept
SIGNATURESignature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
F	iling Fee is \$50.00 ue by May 1, 2005		27	000000204165 01/29/05-80057-01	5 55.00
9.	MANAGING MEMBERS/MANAGERS	<del></del>	The state of the s		±. 1.
TITLE	MGRM	*			1 1
NAME	WELHOELTER, A.R.				
STREET ADDRESS	100 HAZEL PATH, STE. B				
CITY-ST-ZIP	HENDERSONVILLE, TN 370753867				• • •
TITLE	MGRM	Paris Carlo		in the second second	
NAME	HICKMAN, BILL				
CYDEST ANNOUSES	13002 N DALE MARRY HAVE STE 199				

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM HICKMAN, BILL 13902 N. DALE MABRY HWY., STE. 199	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	TAMPA, FL 336182424	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS		<del>- 11 to the second of the sec</del>

11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited fiability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

1-2405

826-908C

Daytime Phone #