


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 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



01162006No Chg-LLC CR2E083 (11/05)

4. FEI Number 62-1857293	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. 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**

6. 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, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELHOELTER, A.R. 100 HAZEL PATH, STE. B HENDERSONVILLE, TN 370753867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKMAN, BILL 13902 N. DALE MABRY HWY., STE. 199 TAMPA, FL 336182424
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02/18/06-80026-022 50.00

**DO NOT WRITE
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:  **A.R. WELHOELTER** **1/25/06** **615-264-4828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #