

# **2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M02000001166

Entity Name: Q'S RESTAURANT GROUP, LLC

**FILED**  
**Jul 18, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

100 HAZEL PATH, STE. B  
HENDERSONVILLE, TN 370753867

**New Principal Place of Business:**

**Current Mailing Address:**

100 HAZEL PATH, STE. B  
HENDERSONVILLE, TN 370753867

**New Mailing Address:**

FEI Number: 62-1857293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HICKMAN, BILL G  
13902 N. DALE MABRY HWY., STE. 199  
TAMPA, FL 336182424 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WELHOELTER, A.R.  
Address: 100 HAZEL PATH, STE. B  
City-St-Zip: HENDERSONVILLE, TN 370753867

Title: MGRM ( ) Delete  
Name: HICKMAN, BILL  
Address: 13902 N. DALE MABRY HWY., STE. 199  
City-St-Zip: TAMPA, FL 336182424

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEBER, JAMES A  
Address: 100 HAZEL PATH, STE. B  
City-St-Zip: HENDERSONVILLE, TN 370753867

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BILL G. HICKMAN

MGRM

07/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date