


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 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
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**DO NOT WRITE IN THIS SPACE**



04072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 62-1857293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000896183  
 04/24/08-80096-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELHOELTER, ARTHUR R 100 HAZEL PATH, STE. B HENDERSONVILLE, TN 370753867
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKMAN, BILL 13902N. DALE MABRY HIGHWAY, SUITE199 TAMPA, FL 336182424
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

4/08/08 615-943-9241  
Date Daytime Phone #