

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90077 007 ****50.00

DOCUMENT # M03000001156

1. Entity Name
QMG #1, LLC



Principal Place of Business
**2509 PLANTSIDE DRIVE
LOUISVILLE, KY 40299**

Mailing Address
**2509 PLANTSIDE DRIVE
LOUISVILLE, KY 40299**

24008095



2. Principal Place of Business
24ell Production Cir
Suite, Apt. #, etc. **#4/5**

3. Mailing Address
Same as above
Suite, Apt. #, etc.

01202004 Chg-LLC CR2E083 (10/03)

City & State
Bonita Springs, FL
Zip **34135** Country **USA**

City & State
Zip Country

4. FEI Number
37-1462230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANJIAN, ROBERT J
301 CLEMATIS STREET, SUITE 203
WEST PALM BEACH, FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NEIGHBORHOOD RESTAURANT GROUP, LLC
2509 PLANTSIDE DRIVE
LOUISVILLE, KY 40299** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mike Baughman

01/20/04

Date

(502)

499-9991

Daytime Phone #