2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# M04000003208

Entity Name: JACKSONVILLE DINING CONCEPTS, LLC

Current Principal Place of Business:

P.O. BOX 801226
ACWORTH, GA 30101

New Principal Place of Business:

4310 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 801226
ACWORTH, GA 30101

New Mailing Address:

FEI Number: 30-0266214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: GABET, GERALD R JR.
Address: 1065 MAYFIELD MANOR DR.
City-St-Zip: ALPHARETTA, GA 30004

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: BAKER, LAURA M
Address: 4829 REGISTRY DR.
City-St-Zip: KENNESAW, GA 30152

Title: MGR ( ) Change (X) Addition
Name: GABET, ANDREW J
Address: 3035 ST. MICHELLE WAY
City-St-Zip: ALPHARETTA, GA 30004

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: LAURA M BAKER MGR 03/27/2007

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