2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# M04000003208

Entity Name: JACKSONVILLE DINING CONCEPTS, LLC

Current Principal Place of Business:

4310 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

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:

GABET, GERALD R JR
5202 PHEASANT RUN CT.
PONTE VEDRA BEACH, FL 32082 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:	MGR	( ) Delete
Name:	BAKER, LAURA M	
Address:	4829 REGISTRY DR.	
City-St-Zip:	KENNESAW, GA 30152	
Title:	MGR	( ) Delete
Name:	GABET, ANDREW J	
Address:	5202 PHEASANT RUN CT.	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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 01/16/2009

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