

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003626

FILED
Apr 26, 2007
Secretary of State

Entity Name: R & M MID-SOUTH RESTAURANTS, LLC

Current Principal Place of Business:

1830 WEST HILL AVENUE
VALDOSTA, GA 31601

New Principal Place of Business:

3555 NORTH CROSSING CIRCLE
VALDOSTA, GA 31602

Current Mailing Address:

P.O. BOX 3310
VALDOSTA, GA 31604

New Mailing Address:

FEI Number: 20-1207476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, RICHARD D
2833 NORTH MONROE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

WHITE, RICHARD D
2833 NORTH MONROE STREET
TALLAHASSEE, FL 32303 US

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:

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITE, RICHARD D
Address: P.O. BOX 3310
City-St-Zip: VALDOSTA, GA 316043310

Title: MGR () Delete
Name: WHITE, MELISSA H
Address: P.O. BOX 3310
City-St-Zip: VALDOSTA, GA 316043310

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHITE, RICHARD D
Address: P.O. BOX 3310
City-St-Zip: VALDOSTA, GA 316043310

Title: MGRM (X) Change () Addition
Name: WHITE, MELISSA H
Address: P.O. BOX 3310
City-St-Zip: VALDOSTA, GA 316043310

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: MELISSA H. WHITE

MGRM

04/26/2007

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