

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90031 043 \*\*\*\*50.00

DOCUMENT # M04000004869					
1. Entity Name <b>SHONEY'S, LLC</b>					
Principal Place of Business 717 ELM HILL PIKE, STE A-1 NASHVILLE, TN 37210			Mailing Address 717 ELM HILL PIKE, STE A-1 NASHVILLE, TN 37210		
2. Principal Place of Business <b>1717 ELM Hill Pike</b>		3. Mailing Address <b>1717 ELM Hill Pike</b>			
Suite, Apt. #, etc. <b>Ste B-1</b>		Suite, Apt. #, etc. <b>Ste B-1</b>			
City & State <b>Nashville TN</b>		City & State <b>Nashville, TN</b>			
Zip <b>37210</b>		Country <b>DAVIDSON</b>		Zip <b>37210</b>	
		Country <b>DAVIDSON</b>		4. FEI Number <b>62-0799798</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEST, DAVID M 717 N. HARWOOD STREET, SUITE 2200 DALLAS, TX 75201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR West, DAVID 1717 ELM Hill Pike, Ste B-1 Nashville, TN 37210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, LEN W JR. 717 N. HARWOOD STREET, SUITE 2200 DALLAS, TX 75201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, LEN W, JR 1717 ELM Hill Pike, Ste B-1 Nashville, TN 37210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHONEYS HOLDING CO 1717 ELM HILL PIKE NASHVILLE, TN 37210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HABERMAN, TED R 1717 ELM Hill Pike Nashville, TN 37210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Ted R Haberman</b>			April 10, 2006 615-231-2266		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		