


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 002 ****50.00

DOCUMENT # M04000004869					
1. Entity Name SHONEY'S, LLC					
Principal Place of Business 1717 ELM HILL PIKE STE B-1 NASHVILLE, TN 37210			Mailing Address 1717 ELM HILL PIKE STE B-1 NASHVILLE, TN 37210		
2. Principal Place of Business - No P.O. Box # 1451 ELM Hill Pike Suite, Apt. #, etc. Ste 218			3. Mailing Address 1451 ELM Hill Pike Suite, Apt. #, etc. Suite 218		
City & State Nashville TN			City & State Nashville TN		
Zip 37210		Country		4. FEI Number 62-0799798	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		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 1717 ELM HILL PIKE, STE B-1 NASHVILLE, TN 37210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEST, DAVID M 1451 ELM Hill Pike, Ste 218 Nashville TN 37210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, LEN W JR. 1717 ELM HILL PIKE, STE B-1 NASHVILLE, TN 37210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, LEN W. JR. 1451 ELM Hill Pike, Ste 218 Nashville TN 37210	<input 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	MGRM SHOLAND Holding Co. 1451 ELM Hill Pike, Ste 218 Nashville TN 37210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HABERMANN, TED R 1717 ELM HILL PIKE NASHVILLE, TN 37210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HABERMANN, TED R. 1451 ELM Hill Pike, Ste 218 Nashville TN 37210	<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
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 <i>Ted R. Habermann</i>			4-18-2007 615 366 1748		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		