2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M0400005413

CHEVYS RESTAURANTS, LLC



FILED Apr 24, 2007 08:00 AM Secretary of State

Principal Place of Business

5660 KATELLA AVENUE

SUITE 100 CYPRESS, CA 90630 Malling Address

5660 KATELLA AVENUE

SUITE 100 CYPRESS, CA 90630

CR2E083 (11/05)

4. FEI Number 20-1892992

Applied For Not Applicable

5. Certificate of Status Desired

04172007 No Chg-LLC

\$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

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| The above named entity submits this statement for the purpose of changing the obligations of registered agent. | ng its registered office or registered agent, or both, in the State of Fic | rida. I am familiar with, and accept |
|--|--|--------------------------------------|
| 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, 2007

| | |
|---------------------------------------|--|
| 9. | MANAGING MEMBERS/MANAGERS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TANNER, STEVEN L 5660 KATELLA AVENUE CYPRESS, CA 90630 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RINK, CHARLES G 5660 KATELLA AVENUE CYPRESS, CA 90630 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 it 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: | | < / o | | iteven L. | Ta |
|------------|-------------------------|--------------------|---------------------|----------------|--------|
| SIGNATURE | AND TYPED OR PRINTED NA | ME OF SIGNING MANA | AGING MEMBER, OR AU | THORIZED REPRE | BENTAT |

Daytime Phone #