

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000875

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: CACTUS FRANCHISE COMPANY, LLC

**Current Principal Place of Business:**

2980 A PIEDMONT RD.  
ATLANTA, GA 30305

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2027  
SUMMERVILLE, SC 29484

**New Mailing Address:**

FEI Number: 13-4285703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: LYNCH, LINDA  
Address: 2080 ASHLEY PHOSPHATE ROAD N.  
City-St-Zip: CHARLESTON, SC 29406

Title: MGR ( ) Delete  
Name: LYNCH, FRANK  
Address: 2080 ASHLEY PHOSPHATE ROAD N.  
City-St-Zip: CHARLESTON, SC 29406

Title: MGR ( ) Delete  
Name: BARKER, KAREN  
Address: 1668 OLD TROVEY RD SUITE 201  
City-St-Zip: SUMMERVILLE, SC 29485

**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: KAREN BARKER

MGR

01/12/2009

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