
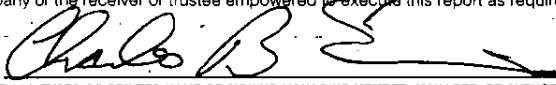


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90361 030 \*\*\*\*50.00

<b>DOCUMENT # M06000003107</b> 1. Entity Name <b>MAKE SENSE DINING OF FLORIDA, LLC</b>					
Principal Place of Business <b>3017 HIGH POINT ROAD GREENSBORO, NC 27403</b>			Mailing Address <b>3017 HIGH POINT ROAD GREENSBORO, NC 27403</b>		
2. Principal Place of Business - No P.O. Box # <b>4530 ST JOHN'S AVE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>PO BOX 10386</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>JACKSONVILLE, FL</b> Zip <b>32210</b>		City & State <b>GREENSBORO, NC</b> Zip <b>27404</b>		4. FEI Number <b>22-0488665 20-4886652</b>	
Country <b>DUVAL</b>		Country <b>GUILFORD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'NEAL, TIM 110 PETERSON PLACE FISHERSVILLE, VA 22939			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUNG, ROBIN BOX 10386 GREENSBORO, NC 27404			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERWIN, CHARLES B BOX 10386 GREENSBORO, NC 27404			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DURNIN, FRANCIS W 1199 OAKVALE RD JACKSONVILLE, FL 32259			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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.					
<b>SIGNATURE:</b> 				Date <b>4/17/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Daytime Phone #</small>	

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