



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-02-2007 90432 003 ****50.00

DOCUMENT # M06000004148 1. Entity Name RISING SUN RESTAURANT GROUP, LLC					
Principal Place of Business 5050 NORTH 40TH STREET, SUITE 200 PHOENIX, AZ 85018			Mailing Address 5050 NORTH 40TH STREET, SUITE 200 PHOENIX, AZ 85018		
2. Principal Place of Business - No P.O. Box # 9035 E Pima Center Pkwy		3. Mailing Address 9035 E Pima Center Pkwy			
Suite, Apt. #, etc. Suite 7		Suite, Apt. #, etc. Suite 7		03062007 Chg-LLC CR2E083 (12/06)	
City & State Scottsdale, AZ		City & State Scottsdale, AZ		4. FEI Number 13-4338391	
Zip 85258		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 GARNREITER, MICHAEL 5050 NORTH 40TH STREET, SUITE 200 PHOENIX, AZ 85018			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHRADER, WILLIAM 5050 NORTH 40TH STREET, SUITE 200 PHOENIX, AZ 85018			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HONIGFELD, BRADFORD 78 OKNER PARKWAY LIVINGSTON, NJ 07039			<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	
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.					
SIGNATURE: Michael Garnreiter				3/22/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>	
				602 852-9012	
				<small>Daytime Phone #</small>	