


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000004596</b> 1. Entity Name <b>FERNANDINA BEACH RESTAURANT GROUP LLC</b>	
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Principal Place of Business <b>55 E. JACKSON BLVD., SUITE 500 CHICAGO, IL 60604</b>	Mailing Address <b>55 E. JACKSON BLVD., SUITE 500 CHICAGO, IL 60604</b>
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**DO NOT WRITE IN THIS SPACE**



02232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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 NUDO, GERALD L 55 E. JACKSON BLVD., SUITE 500 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, LAURENCE H 55 E. JACKSON BLVD., SUITE 500 CHICAGO, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLLOD, MICHAEL P.O BOX 1307 WESTHAPTON BEACH, NY 119787307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/07-80018-018 50.00

**DO NOT WRITE  
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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 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: Laurence H. Weiner (Manager) 4/2/07 (312) 884-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #