

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 039 ***138.75

DOCUMENT # M07000002832					
1. Entity Name STRATEGIC RESTAURANTS ACQUISITION COMPANY, LLC					
Principal Place of Business 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583			Mailing Address 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0266377	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 reappointing)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMSTOCK, JERRY 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVENPORT, ROBERT 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELTON, GLEN 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLMAN, MARC 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLMAN, MARC 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLMAN, MARC 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583	<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:		Jerry Comstock		3/17/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		925-328-3300	

60016262



02072008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	COMSTOCK, JERRY	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 515	
CITY-ST-ZIP	SAN RAMON, CA 94583	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DAVENPORT, ROBERT	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 515	
CITY-ST-ZIP	SAN RAMON, CA 94583	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HELTON, GLEN	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 515	
CITY-ST-ZIP	SAN RAMON, CA 94583	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MILLMAN, MARC	
STREET ADDRESS	3000 EXECUTIVE PARKWAY, STE. 515	
CITY-ST-ZIP	SAN RAMON, CA 94583	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

Jerry Comstock

3/17/08

925-328-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #