2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

1. Entity Nam	MENT # M07000002 Sic restaurants acqu					03-21-2008	-		
Principal Place of Business 3000 EXECUTIVE PARKWAY, STE. 515 SAN RAMON, CA 94583 Mailing Address 3000 EXECUTIVE PARKWAY SAN RAMON, CA 94583				E. 515		e' 3. 8 (.c)	6.0	0162	62
	A STATE OF THE STA		•						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072008 Chg-LLC CR2E083 (12/06)					
City & State		City & State		4. FEI Numb			_ `	plied For at Applicable	
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired		5.00 Add	litional
	6. Name and Address of Current F	Registered Agent				Address of New I		ee Require	d
		:-9::		Name			g.o.o.o.		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		-		Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	e
the obligati	named entity submits this statement for ions of registered agent.	the purpose of changing its i	registere	ed office or regi	istered agent, or bo	th, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent o				jured when reinstaling)		•		<u> </u>
	Signatora: iyoad or printed name (ii vegistarea alient a	nd site à abbricable. 11401E.	negisierec	u Agent signature ret	taned when remarkable	of all appropriates that the	UMIET	7 in 14 1 19	ETG - condition
	200	2000							
FILE	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	2004 - 1994 1994 - 1994 1994 - 1994		•	:	· ·	ke check pa la Departme	•	e
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 MANAGING MEMBEI	1 4 V 1, 11 V	10.		:	Florid	-	•	9
FILE After May 9.	MANAGING MEMBEI	1 4 V 1, 11 V	TITLE		:	Florid	a Departme	•	e ☐ Addition
9. HILE NAME	MANAGING MEMBEI MGR COMSTOCK, JERRY	RS/MANAGERS	TITLE NAM!	E	:	Florid	a Departme	ent of State	-
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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: JETTY COMSTOCK
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/17/08

925-328-3300

Caytime Phone #