

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026096

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** RAPPAPORT RESTAURANT GROUP, LLC

**Current Principal Place of Business:**

9834 GLADES ROAD  
SUITE C10  
BOCA RATON, FL 33434

**New Principal Place of Business:**

**New Mailing Address:**

9834 GLADES ROAD  
SUITE C10  
BOCA RATON, FL 33434

**Current Mailing Address:**

19450 LIBERTY ROAD  
BOCA RATON, FL 33434

FEI Number: 20-0102402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEIDER, NORMAN S ESQ  
100 S.E. 2ND ST., STE 3950  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: RAPPAPORT, ARLO  
Address: 14025 SW 15TH CT  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: RAPPAPORT, ARLO  
Address: 19450 LIBERTY RD  
City-St-Zip: BOCA RATON, FL 33434

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARLO RAPPAPORT

MR

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date