

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-27-2006 90020 018 ****50.00

DOCUMENT # L05000022406 1. Entity Name RREMC RESTAURANTS LLC					
Principal Place of Business 1601 BLEVEDERE ROAD-SUITE 407 SOUTH WEST PALM BEACH, FL 33406			Mailing Address 1601 BLEVEDERE ROAD-SUITE 407 SOUTH WEST PALM BEACH, FL 33406		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MAPES, PAUL 1601 BLEVEDERE ROAD-SUITE 407 SOUTH WEST PALM BEACH, FL 33406			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Metz, John 1750 N. Florida Mang Road WEST PALM BEACH, FL 33409 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEYER, ARTHUR J. 1750 N. Florida Mang Road WEST PALM BEACH, FL 33409 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-21-06 561-684-2101 Date Daytime Phone		

30000000



04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2425037

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