

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016764

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: KNR RESTAURANT GROUP OF NEW YORK, LLC

**Current Principal Place of Business:**

1691 MICHIGAN AVENUE SUITE 325  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1691 MICHIGAN AVENUE SUITE 325  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 26-2342686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GILBERT-LYTLER, DEBORA K  
1691 MICHIGAN AVENUE SUITE 325  
MIAMI BEACH, FL 33139 US

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

GONZALEZ, ERNESTO J CFO  
1691 MICHIGAN AVENUE SUITE 325  
MIAMI BEACH, FL 33139 US

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: ERNESTO J GONZALEZ

04/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MASRI, KARIM MGRM  
Address: 1691 MICHIGAN AVE SUITE 325  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM ( ) Change (X) Addition  
Name: SEIKALY, RONY MGRM  
Address: 1691 MICHIGAN AVE SUITE 325  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM ( ) Change (X) Addition  
Name: SCHON, NICOLA MGRM  
Address: 1691 MICHIGAN AVE SUITE 325  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM ( ) Change (X) Addition  
Name: SIERVO, NICOLA MGRM  
Address: 1691 MICHIGAN AVE SUITE 325  
City-St-Zip: MIAMI BEACH, FL 33139 US

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: KARIM MASRI

MGRM

04/10/2009

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