File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAY 28 PM 3: 14 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000000804** 1a. Principal Place of Business Address SYD'S FINE DINING, L.C. 4340 WOODMANS CHART 4340 WOODMANS CHART SARASOTA FL 34235 SARASOTA FL 34235 4137 MOODOUMED DAWY Streasona FC 3a. State of Formation 3. Date Organized or Qualified 2a. Mailing Address 2. Principal Place of Business 07/25/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0772012 -011012 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country SB 75 Additional Lec Required 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent FINKELSTEIN, SIDNEY SIDNEY 4340 WOODMANS CHART Street Address (P.O. Box Number is Not Acce SARASOTA FL 34235 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE. Approximent) (NOTE flegistered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code Managing Members/Managers 10. Title MGRM FINKELSTEIN, SIDNEY 4340 WOODMANS CHART SARASOTA FL 4137 WOLDOUGE DR 207 EAST 33RD ST. NEW YORK NY 10016 MGRM FITTER, SHARYN 50b002545**8**65---9 -06/03/98--01053--001 ****188.75 ****188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information Indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

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