


2001 UNIFORM BUSINESS REPORT (UBR)

0001366 AF

DOCUMENT # L99000008955
1. Entity Name
 INNOVATIVE RESTAURANTS/EAST CITY GRILLE, L.L.C.

FILED
 2001 APR 20 AM 11:24
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 505 N. FT. LAUDERDALE BEACH BLVD. 2611 E. ATLANTIC BLVD.
 FT. LAUDERDALE FL 33304 POMPANO BEACH FL 33062

2. Principal Place of Business **3. Mailing Address**
 2611 E Atlantic Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Pompano Beach, FL
 Zip Country Zip Country
 33062 Broward

4. FEI Number **Applied For**
 65-0933509 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BROEK, DARREL
 2611 E ATLANTIC BLVD
 POMPANO BEACH FL 33062

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	BROEK, DARREL	2611 E ATLANTIC BLVD	POMPANO BEACH FL 33062	<input type="checkbox"/>
MGRM	SAUCY, OLIVER	2611 E ATLANTIC BLVD	POMPANO BEACH FL 33062	<input type="checkbox"/>
MGRM	RESPINTO, GIANNI	2611 E. ATLANTIC BLVD.	POMPANO BEACH FL 33062	<input type="checkbox"/>
MGRM	BATTOO, NIKOLAI	10619 W. ATLANTIC BLVD. #118	CORAL SPRINGS FL 33071	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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: *David B...* **DATE:** 3/21/01 **DAYTIME PHONE #:** (954) 782-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (1/00)