2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000003165

1. Entity Name

MLE RESTAURANT GROUP, LLC



FILED Mar 14, 2008 08:00 AN Secretary of State

Principal Place of Business

18 EAST 22ND STREET NEW YORK, NY 10010

Mailing Address

18 EAST 22ND STREET NEW YORK, NY 10010



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 20-2984908 Not Applicable

5. Cartificate of Status Posical S. \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

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	pove named entity submits this statement for the purpose of challigations of registered agent.	anging its registered office or registered agent, or both, in	the State of Florida. I am familiar with,	and accept
SIGNATU	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	· ·
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	and the state of t		
7374.5	MCDM		• •	

TITLE DAY VILLAGE LIMITED PARTNERSHIP NAME 18 EAST 22ND STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10010 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE

04/01/08-80029-019 138.75

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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 William S Elith

NAME STREET ADDRESS CITY+ST-ZIP

William S. Ehwlich

3/10/08

<u>212-674-3043</u>