## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED AND FILED

1997	The state of the s	DIVISION OF CORI		1997	MAR 10	AM 9: 04
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Suppleme \$203.75 Make Check Payable To: FLORIDA DEPARTMEN				SEI TALI	CRETARY LAHASSEE	OF STATE FLORIDA
1. Name and Mailing Address of Limited Liability Company  DOCUMENT #M9500000075						
FLORIDA RESTAURANTS LLC, L.C. 1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE DENVER CO 80222				1a. Principal Place of Business Address 1720 SOUTH BELLAIRE ST., PENT DENVER CO 80222		
If above mailing address is incorrect in any way, line through incorrect  2. Principal Place of Business  2a. Maili		ing Address		3. Date Organize	ed or Qualified	3a. State of Formation
		Suite, Apt. #, etc.		03/30/19	95	co
Sulte, Apt. #, etc.		une, Apr. #, etc.		4. FEI Number Applied For		
City & State		City & State		84-1021524 Not Applicable		
<b>Zip</b> Count	ry Zip	Count	ry			6. Certificate of Status Desired
<u></u>				04/02/19		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent			Name	8. Name and Add	ress of New Re	gistered Agent
1201 HAYS STREET TALLAHASSEE FL 32301  9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the all its registered office or registered agent, or both, in the State of Florida. Such change was a as registered agent, and accept the obligations.			Sulte, Apt. #, etc City	Zip Code  FL  Mitted liability company submits this statement for the purpose of changing		
SIGNATURE					DATE	
10. Title Managing h	lle Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGR QUIAT, GER MGR QUIAT, ROB MGR ROTHBERG,		720 SOUTH 720 SOUTH 915 E. 52N	BELLAIRE	ST., P 1	PENVER (	ļ
				600	DDD2: -03/11/ ****20	1104561 /9701126001 /3.75 ****203.75
			amplia atat di C	notion 410 07/21/0	Josida Chabata	15 Mar certific 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 ilmited 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:** 

INHSE10 R(12-96)

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #