

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014895 AF

**DOCUMENT # M95000000075**

1. Entity Name  
**FLORIDA RESTAURANTS LLC, L.C.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 MAR - 1 AM 10: 57

Principal Place of Business      Mailing Address  
 1720 SOUTH BELLAIRE ST.. PENTHOUSE SUITE      1720 SOUTH BELLAIRE ST.. PENTHOUSE SUITE  
 DENVER CO 80222      DENVER CO 80222-4304



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **84-1021524**      Applied For  
 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

**CORPORATION INFORMATION SERVICES**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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

*Wj 3/1/00*

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIAT, GERALD M 1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE DENVER CO 80222	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003172787-1 -03/16/00--01073--009 *****50.00 *****50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIAT, ROBERTA N 1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE DENVER CO 80222	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTHBERG, GERALD L 4915 E. 52ND AVENUE COMMERCE CITY CO 80032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *SIGNATURE REQUIRED*      23 FEB 00      Date      Daytime Phone #

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

CR2E083 (9/99)