


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M9500000075 1. Entity Name FLORIDA RESTAURANTS LLC	
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Principal Place of Business 1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE DENVER, CO 80222	Mailing Address 1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE DENVER, CO 80222
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03082004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 84-1021524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2004**

04/12/04 09:00:00  
 04/12/04 09:00:00 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIAT, GERALD M 1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE DENVER, CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUIAT, ROBERTA N 1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE DENVER, CO 80222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROTHBERG, GERALD L 4915 E. 52ND AVENUE COMMERCE CITY, CO 80032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gerald M Quiat* Date: 3-30-04 Daytime Phone #: 303-759-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE