

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90025 029 ****50.00

DOCUMENT # M95000000075

1. Entity Name
FLORIDA RESTAURANTS LLC



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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	QUIAT, GERALD M	
STREET ADDRESS	1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	QUIAT, ROBERTA N	
STREET ADDRESS	1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROTHBERG, GERALD L	
STREET ADDRESS	4915 E. 52ND AVENUE	
CITY-ST-ZIP	COMMERCE CITY CO 80032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Jan 31, 2003 Daytime Phone # 303.759.0000

CR2E083 (10/02)