

2002 UNIFORM BUSINESS REPORT (UBR)

0000610 AT

DOCUMENT # A01000001050

1. Entity Name

CAFETERIA OF SOUTH BEACH, LTD., LLLP

FILED
02 SEP -9 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

560 LINCOLN ROAD
MIAMI BEACH FL 33139

Mailing Address

560 LINCOLN ROAD
MIAMI BEACH FL 33139

2. Principal Place of Business

546 Lincoln Road

3. Mailing Address

54 West 21st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
908

City & State

Miami Beach, Florida

City & State

New York, New York

4. FEI Number

54-2063066

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

Dade

10010

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DUE BY SEPTEMBER 25, 2002

6. Name and Address of Current Registered Agent

KT&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Jonathan D. Beloff c/o Beloff & Schwartz

Street Address (P.O. Box Number is Not Acceptable)
1111 Lincoln Road, Suite 400

City

Miami Beach, FL

FL

Zip Code
33139

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.

Jonathan D. Beloff

7/17/02

DATE

9. Capital Contributions
as Shown on record.

\$2,548,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

DOCUMENT # L01000010521
NAME CAFETERIA OF SOUTH BEACH, LLC
STREET ADDRESS 560 LINCOLN ROAD
CITY-ST-ZIP MIAMI BEACH FL 33139

STREET ADDRESS

546 Lincoln Road

CITY-ST-ZIP

Miami Beach, Florida 33139

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Alp of South Beach, Inc. (Manager)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Susan Leonard

President

305-673-1101

Daytime Phone #

CR2E003 (4/02)