2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

2005 MAY -6 PM 12: 11 DOCUMENT # L00000000471 SOUTH FLORIDA EATERIES, L.L.C. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 5100 SW 104TH AVENUE 1060 NW 79TH STREET MIAMI, FL 33138 COOPER CITY, FL 33328 2. Principal Place of Business 3. Mailing Address P.O. Box 221703 Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEL Number West Palm Beach. 59-3618955 Not Applicable .FL Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 33422 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Steven C. Elkin POWELL, MELINA Street Address (P.O. Box Number is Not Acceptable) Frank, Weinberg & Black, P.L. 5100 SW 104TH AVENUE COOPER CITY, FL 33328 7805 S.W. 6th Court City Plantation upphits 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 8. The above named entity the obligations of regis agent. SIGNATURE t and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MOR MGR ☐ Change Addition TITLE TITLE Delete Deloris Stan POWELL, MELINA NAME NAME 1060 N.E. 79th Street STREET ADDRESS 5100 SW 104TH AVENUE STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33328 CITY-ST-ZIP Miami. FL 33150 TITLE Delete TITLE ☐ Change Addition MRNAME NAME Jan Greenberg STREET ADDRESS STREET ADDRESS 1060 N.E. 79th Street Miami, FL 33150 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE TITLE NAME NAME Nëlson Brandt STREET ADDRESS STREET ADDRESS 1060 N.E. 79th Street CITY-ST-ZIP CITY-ST-ZIP Miami, EL 33150 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 70005572256 change O Addition 06/06/05-01005-003 **50.00 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Lifereby certify that the information supplied with this filling 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 five in 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 by the reperiod of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company by the reperiod of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company by the reperiod of the liability company by the liability company by the liability company by the liability company by the liability com 4/24/05 954 205-2626 SIGNATURE DON GREEN DECK NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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