

# 2001 UNIFORM BUSINESS REPORT (UBR)

00229208 AF

DOCUMENT # L00000002682

1. Entity Name  
M.B.G. RESTAURANTS, L.L.C.

FILED

01 MAY -1 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
200 E. TARPON AVENUE  
TARPON SPRINGS FL 34689

Mailing Address  
200 E. TARPON AVENUE  
TARPON SPRINGS FL 34689



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 89-3631556 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, SANDY  
952 OAKVIEW ROAD  
TARPON SPRINGS FL 34689

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM MORRIS, SANDY  
STREET ADDRESS 952 OAKVIEW ROAD  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE NAME 800004271858-05/18/01-01117-001  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP

TITLE NAME MGR MORRIS, SANDY  
STREET ADDRESS 952 OAKVIEW ROAD  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/20/01

Date Daytime Phone #

CR2E083 (11/00)