2003 LIMITED LIABILITY COMPANY

Mailing Address

OVIEDO FL 32765

3. Mailing Address

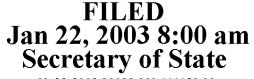
City & State

Zip

Suite, Apt. #, etc.

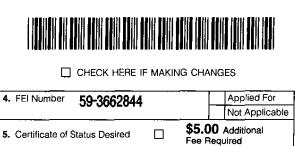
5516 WHITE HERON PLACE

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000009090



01-22-2003 90098 001 ****50.00

20014498



MOSLEY, CURTIS R 1221 EAST NEW HAVEN AVENUE **MELBOURNE FL 32901**

Country

6. Name and Address of Current Registered Agent

ORLANDO RESTAURANT GROUP, L.L.C.

Principal Place of Business

2. Principal Place of Business

5516 WHITE HERON PLACE

Suite, Apt. #, etc.

City & State

Zip

OVIEDO FL 32765

7. Name and Address of New Registered Agent						
Name						
Street Address (P.O. Box Numb	per is Not Acceptable)					
City	F	ĿL	Zip Code			
d office or registered agent, or bo	oth in the State of Florida I a	m fan	niliar with, and accen			

8. The above named entity submits this statement for the purpose of changing its registered of the obligations of registered agent.

Country

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, CRAIG A 5516 WHITE HERON PLACE OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREEN, TRACI R 5516 WHITE HERON PLACE OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition		

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:

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE