

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009798

Entity Name: GERMAN KITCHEN, L.L.C.

FILED  
Mar 18, 2004  
Secretary of State

## Current Principal Place of Business:

9916 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

## Current Mailing Address:

9916 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065

## New Mailing Address:

FEI Number: 65-1048935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GROSSMAN, ALEXANDER  
9916 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

GROSSMANN, ALEXANDER  
9916 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065 US

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: AG

03/18/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: STERZ, PETER  
Address: 9916 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR ( ) Delete  
Name: GROSSMAN, ALEXANDER  
Address: 9916 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: GROSSMANN, ALEXANDER  
Address: 9916 ROYAL PALM BLVD  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PS

PRES

03/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date