

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000009798

FILED
Feb 14, 2003
Secretary of State

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

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 ()

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:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: STER, PETER E
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

Title: MGR (X) Delete
Name: SCHUBERT, PETER
Address: 2450 NE 135 STREET #1012
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES:

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

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

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

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: PETER STERZ

MGR

02/14/2003

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