2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100003299

1. Entity Name ----

WEST SIDE GRILLE & TAVERN, LLC

Principal Place of Business Mailing Address 707 S.E. THIRD AVENUE, SUITE 400 707 S.E. THIRD AVENUE, SUITE 400 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address

FILED May 06, 2002 8:00 am [§] Secretary of State

05-06-2002 90130 006 ****50.00

Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 68-10847 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DISQUE, PHILIP A Street Address (P.O. Box Number is Not Acceptable) 707 S.E. THIRD AVENUE, SUITE 400 FORT LAUDERDALE FL 33316 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE MGR ☐ Delete TITI F (9/01) Change ☐ Addition NAME DISQUE, PHILIP A NAME STREET ADDRESS 707 S.E. THIRD AVENUE, SUITE 400 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

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 acciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TYPED OF PRINTED NAME OF SIGNING MANAGING R, MANAGER, OR AUTHORIZED REPRESENTATIVE