FILED
Jul 01, 2002 8:00 am
Secretary of State
05-22-2002 90202 034 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008506

1. Entity Name
LAUDERDALE RIBS, LLC

Principal Place of Business	Mailing Address
C/O PF FINANCIAL SERVICES, INC. 708 THIRD AVENUE, 19TH FLOOR NEW YORK NY 10017	C/O PF FINANCIAL SERVICES, INC. 708 THIRD AVENUE, 19TH FLOOR NEW YORK NY 10017

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4658 N OCEAN BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAUDERDALE-BY-THE-SEA, FL		City & State	
Zip: 33308-	Country: BROWARD	Zip	Country

4. FEI Number: 65-1107832 ☐ 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
OCEAN EQUITIES, LTD. 4660 OCEAN DRIVE LAUDERDALE-BY-THE-SEA FL 33308	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 ______________________________ DATE
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER PF PROPERTIES, INC 708 THIRD AVE NEW YORK, NY 10017	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER H + H RESTAURANT, LLC 708 THIRD AVE NEW YORK, NY 10017	☐ 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
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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 X [signature] HF 4/15/02 (212) 972-2310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E082 (8/01)