2005 LIMITED LIABILITY COMPANY ANNUAL REMORT

DOCUMENT # L01000008506

1. Entity Name
LAUDERDALE RIBS, LLC

Principal Place of Business

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4658 N OCEAN BLVD LAUDERDALE BY THE SEA, FL 33308 Mailing Address

C/O PF FINANCIAL SERVICES, INC. 708 THIRD AVENUE, 19TH FLOOR NEW YORK, NY 10017

FILED Apr 30, 2005 08:00 AM Secretary of State



no	NOT	WRITE	IN THIS	SSPA	CF
$\mathcal{L}\mathcal{L}$	IVUI		114 1111	JUTH	

04202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1107832

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

OCEAN EQUITIES, LTD. 4660 OCEAN DRIVE LAUDERDALE-BY-THE-SEA, FL 33308

DO NOT WRITE IN THIS SPACE

			IN THIS STAGE			
8. The above the obliga	e named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registered office	e or registered agent, or both.	in the State of Florida. I am familiar with, and a	iccep	
SIGNATURE.	Signature, typad or printed name of registered agent and title if applicable.	(NOTE, Registered Agent s	signature required when reinstating)	DATE		
	iling Fee is \$50.00 ue by May 1, 2005			000000346776 04/30/05-80089-012 50. 08		
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM P F PROPERTIES INC 708 THIRD AVE NEW YORK, NY 10017					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM H&H RESTAURANT , LLC 708 THIRD AVE NEW YORK, NY 10017					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE		
TITLE						

11. I hereby certify that the information supplied with this filling 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE.

4/21/05

112-972-2310

Daytime Phone #