#### 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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### **DOCUMENT # L01000010703**

1. Entity Name MAX'S GRILLE OF MIZNER LLC



Apr 23, 2004 08:00 AM Secretary of State

Principal Place of Business

402 PLAZA REAL BOCA RATON, FL 33432 Mailing Address

7634 N.W. 6TH AVE. BOCA RATON, FL 33487



02162004 No Chg-LLC

CR2E083 (10/03)

**FILED** 

4. FEI Number 65-1121958

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, NAT 7634 NW 6TH AVE. BOCA RATON, FL 33487

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| <ol> <li>The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.</li> </ol> |           | nging its registered office or registered agent, o         | or both, in the State of Florida. I am familiar with, and accept |  |
|--|-----------|--|--|--|
| SiG  | SIGNATURE | (NOTE, Registered Agent signature required when teinstatur | TQ) DA1E   |  |

# Filing Fee is \$50.00 Due by May 1, 2004

| I | <u> </u>                                       |   |  |
|---|--|---|--|
| E | 9.   | MANAGING MEMBERS/MANAGERS   |  |
|   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>COSENTINO, JAMES A<br>4225 GENESEE STREET<br>CHEEKTOWAGO, NY 14225   |  |
|   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
|   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |
|   | TITLE NAME STREET ADDRESS CIFY-ST-ZIP          |   |  |
|   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
|   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  |
| ľ | ad thoughts                                    | A.C. M. A.E. M Command and a state of the state of |  |

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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: IND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE