

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90252 001 \*\*\*\*50.00

**DOCUMENT # L02000009348**

1. Entity Name

LPI RESTAURANT GROUP, LLC



Principal Place of Business

2200 S. DIXIE HWY, #702-B  
MIAMI, FL 33133

Mailing Address

2200 S. DIXIE HWY, #702-B  
MIAMI, FL 33133

44032937



01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>02-0598102 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES, FL 33134

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

|                |                           |
|----------------|---------------------------|
| TITLE          | P                         |
| NAME           | LEWIS, THOMAS E           |
| STREET ADDRESS | 2200 S. DIXIE HWY, #702-B |
| CITY-ST-ZIP    | MIAMI, FL 33133           |
| TITLE          | VICE President            |
| NAME           | Sandra Jarrett            |
| STREET ADDRESS | 516 S. Orleans            |
| CITY-ST-ZIP    | Tampa, FL 33606           |
| TITLE          | Secretary                 |
| NAME           | Jerry D. Jeter            |
| STREET ADDRESS | 1329 Euclid Ave. #2       |
| CITY-ST-ZIP    | Miami Beach, FL 33139     |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Jerry D. Jeter 3/29/04

Date

Daytime Phone #

305-856-6968x27