

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # L02000015382</b>					
<b>1. Entity Name</b> CPD HOLDINGS, LLC					
<b>Principal Place of Business</b> 450 S. ORANGE AVE. ORLANDO, FL 32801			<b>Mailing Address</b> 450 S. ORANGE AVE. ORLANDO, FL 32801		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 4920			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		Orlando, FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 32802	<b>Country</b>	<b>4. FEI Number</b> 55-0790073	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOURNE, ROBERT A 450 S. ORANGE AVE. ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Restaurant Assets, LLC 450 S. Orange Ave. Orlando, FL 32801				
[Delete]	[Change] [Addition]				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
[Delete]	[Change] [Addition]				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
[Delete]	[Change] [Addition]				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
[Delete]	[Change] [Addition]				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
[Delete]	[Change] [Addition]				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	[Delete]				
[Delete]	[Change] [Addition]				
<b>10. ADDITIONS/CHANGES</b>					
200017128582 04/28/03--01025--014 **2210.00					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
[Change] [Addition]					
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>				<b>4-9-03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
Daytime Phone #				407-650-1000	

CR2E083 (10/02)