2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018147

2026 NW 8TH ST

BOCA RATON, FL 33486

Address:

City-St-Zip:

Entity Name: THE RESTAURANT PEOPLE, L.L.C.

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 200 S.W. 2ND STREET FT. LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 200 S.W. 2ND STREET FT. LAUDERDALE, FL 33301 FEI Number: 04-3720196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETRILLO, TIMOTHY R 200 S.W. 2ND STREET FT. LAUDERDALE, FL 33301 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete FLY TIME, INC, Name: Name: 730 NE 24 WAY Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: Title: () Delete Title: () Change () Addition GOLDEN FIG INC, Name: Name: Address: 6816 NW 28 AVE Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition HOOPER, ALAN Name: Name: Address: 1200 SE 6 ST Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: NAVI MANAGEMENT, Name: Address: 1548 NE 105 ST Address: City-St-Zip: MIAMI SHORES, FL 33138 City-St-Zip: Title: () Delete Title: () Change () Addition PETRILLO ASSOCIATES, INC Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: TIM PETRILLO P 03/17/2009