

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018147

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

200 S.W. 2ND STREET  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

200 S.W. 2ND STREET  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 04-3720196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETRILLO, TIMOTHY R  
200 S.W. 2ND STREET  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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:**

**Title:** P  
**Name:** FLY TIME, INC  
**Address:** 730 NE 24 WAY  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

**Title:** VP  
**Name:** GOLDEN FIG INC  
**Address:** 6816 NW 28 AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33309

**Title:** VP  
**Name:** HOOPER, ALAN  
**Address:** 1200 SE 6 ST  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**Title:** VP  
**Name:** NAVI MANAGEMENT  
**Address:** 1548 NE 105 ST  
**City-St-Zip:** MIAMI SHORES, FL 33138

**Title:** VP  
**Name:** PETRILLO ASSOCIATES INC  
**Address:** 2026 NW 8TH ST  
**City-St-Zip:** BOCA RATON, FL 33486

I hereby 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.

**SIGNATURE:** TIMOTHY PETRILLO

P

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date