


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90020 046 ****50.00

DOCUMENT # L02000019206	
1. Entity Name METRO RESTAURANT OPERATORS, LLC	

Principal Place of Business 750 SEMINOLE AVENUE LONGWOOD, FL 32750	Mailing Address 750 SEMINOLE AVENUE LONGWOOD, FL 32750
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24056655

2. Principal Place of Business 1455 Semoran Blvd.	3. Mailing Address 1455 Semoran Blvd.
Suite, Apt. #, etc. Suite 295	Suite, Apt. #, etc. Suite 295
City & State Casselberry, FL	City & State Casselberry, FL
Zip 32707	Zip 32707
Country	Country




01152004 Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0423570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, BRIAN A 750 SEMINOLE AVENUE LONGWOOD, FL 32750	7. Name and Address of New Registered Agent Name Marc J. Soss Street Address (P.O. Box Number is Not Acceptable) 630 South Orange Avenue City Sarasota, FL Zip Code 34236
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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  DATE **1/15/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, BRIAN A 750 SEMINOLE AVENUE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Brian A. White** DATE **1/15/04** Daytime Phone # **407-257-4452**

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