


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90147 039 \*\*\*\*50.00

<b>DOCUMENT # L03000006785</b>					
1. Entity Name SENIOR & PEREZ RESTAURANT MANAGEMENT COMPANY, L.L.C.					
Principal Place of Business 12765 FOREST HILL BOULEVARD STE. 1302 WELLINGTON, FL 33414			Mailing Address 12765 FOREST HILL BOULEVARD STE. 1302 WELLINGTON, FL 33414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE MENDOZA, MARIO G III 12765 FOREST HILL BOULEVARD STE. 1302 WELLINGTON, FL 33414				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SENIOR, RAUL		NAME		
STREET ADDRESS	5520 PGA BLVD STE. 104		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>RAUL SENIOR</u>			Date: <u>4/26/04</u>		Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

34008026



04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0505147 Applied For Not Applicable

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

FL Zip Code

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

Make check payable to  
Florida Department of State

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10. ADDITIONS/CHANGES

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SIGNATURE: RAUL SENIOR Date: 4/26/04 Daytime Phone # \_\_\_\_\_