

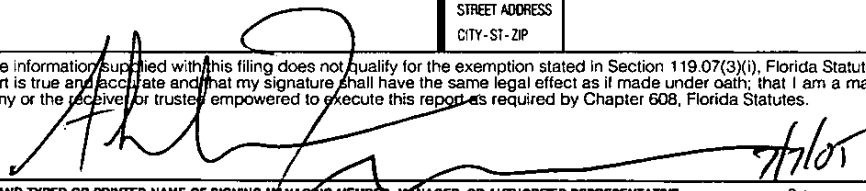


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90055 016 ****50.00

DOCUMENT # L03000035724 1. Entity Name METRO CHICKEN OF LAUDERHILL, LLC					
Principal Place of Business 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069-4870				Mailing Address 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069-4870	
2. Principal Place of Business 7050 COMMERCIAL BLVD Suite, Apt. #, etc.		3. Mailing Address 7050 COMMERCIAL BLVD Suite, Apt. #, etc.			
City & State LAUDERHILL FLORIDA		City & State LAUDERHILL FLORIDA		4. FEI Number 65-1208117	
Zip 33319		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FINEBERG, LIBO B 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH, FL 33069-4870				7. Name and Address of New Registered Agent Name DARREN VEGA Street Address (P.O. Box Number is Not Acceptable) 4907 NW 106TH AVE City CORAL SPRINGS FL Zip Code 33076	
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 DARREN VEGA (Signature) 7/7/05 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COUREMBIS, JOHN 1101 F STREET, NW WASHINGTON, DC 20004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZAIDERMAN, ABRAHAM 1101 F STREET, NW WASHINGTON, DC 20004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	<input type="checkbox"/> Delete			
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:  7/7/05 305375016 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					