2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# L03000048323

Entity Name: THE MARK RESTAURANT OPERATOR, LLC

Current Principal Place of Business:

1155 BRICKELL BAY DRIVE, UNIT C1-0
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1155 BRICKELL BAY DRIVE, UNIT C1-0
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS,INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131 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/MEMBERS:

Title: MGR ( ) Delete
Name: CAVALCANTI, FRANCESCA
Address: 600 GRAPETREE DRIVE, UNIT 8E-N
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete
Name: CAMPBELL, ALAN B
Address: 3291 MATILDA STREET
City-St-Zip: MIAMI, FL 33133

Title: MGR ( ) Delete
Name: KRASNA, DAVID
Address: 3503 LOQUAT AVENUE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: FRANCESCA CAVALCANTI MGR 04/29/2004

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