


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90065 011 ****50.00

DOCUMENT # L03000048491	
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1. Entity Name
GOLD COAST GRILL-2, LLC

Principal Place of Business
**2752 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**

Mailing Address
**2752 UNIVERSITY DR.
CORAL SPRINGS, FL 33065**



2. Principal Place of Business 2200 West Glades Road		3. Mailing Address 2200 West Glades Road	
Suite, Apt. #, etc. Suite 1101-A		Suite, Apt. #, etc. Suite 1101-A	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431	Country USA	Zip 33431	Country USA

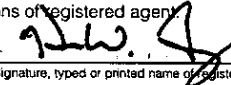
04142004 Chg-LLC CR2E083 (10/03)

4. FEI Number **03-0532605** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent TOOMY, KEVIN W 2752 UNIVERSITY DR. CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name: Toomy, Kevin W. Street Address (P.O. Box Number is Not Acceptable) 2200 West Glades Road Suite 1101-A City Boca Raton FL 33431	
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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 **4/27/04**

**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 MGRM	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME Kevin W. Toomy		NAME Change	<input type="checkbox"/> Addition
STREET ADDRESS 2200 West Glades Road, Ste. 1101-A		STREET ADDRESS Change	<input type="checkbox"/> Addition
CITY-ST-ZIP Boca Raton, FL 33431		CITY-ST-ZIP Change	<input type="checkbox"/> Addition
TITLE MGRM	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME Robert S. Toomy		NAME Change	<input type="checkbox"/> Addition
STREET ADDRESS 2200 West Glades Road, Ste. 1101-A		STREET ADDRESS Change	<input type="checkbox"/> Addition
CITY-ST-ZIP Boca Raton, FL 33431		CITY-ST-ZIP Change	<input type="checkbox"/> Addition
TITLE Change	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME Change		NAME Change	<input type="checkbox"/> Addition
STREET ADDRESS Change		STREET ADDRESS Change	<input type="checkbox"/> Addition
CITY-ST-ZIP Change		CITY-ST-ZIP Change	<input type="checkbox"/> Addition
TITLE Change	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME Change		NAME Change	<input type="checkbox"/> Addition
STREET ADDRESS Change		STREET ADDRESS Change	<input type="checkbox"/> Addition
CITY-ST-ZIP Change		CITY-ST-ZIP 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:

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

Date

Daytime Phone #

4/27/04 954 255-3441