


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90047 050 \*\*\*\*50.00

<b>DOCUMENT # L03000049391</b> 1. Entity Name <b>KNPM RESTAURANT GROUP, LLC</b>					
Principal Place of Business <b>5795 N.W. 169 ST.</b> <b>HIALEAH, FL 33015 US</b>			Mailing Address <b>1601 79TH STREET CAUSWAY</b> <b>NORTH BAY VILLAGE, FL 33141 US</b>		
2. Principal Place of Business <b>1601 79th St Cswy</b> <b>North Bay Village</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>FL</b>			City & State		
Zip <b>33141</b>		Country <b>DADE/USA</b>		4. FEI Number <b>20-0657528</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>REGISTERED AGENTS OF FLORIDA, LLC</b> <b>100 SE 2ND ST., STE. 2900</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SPRINGER, DON</b> <b>1601 79TH STREET CAUSWAY</b> <b>NORTH BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MAZZEI, VINCENT</b> <b>1601 79TH STREET CAUSWAY</b> <b>NORTH BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>KADISH, EPHRAIM</b> <b>1601 79TH STREET CAUSWAY</b> <b>NORTH BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>NAPOLITAN, DAVID</b> <b>1601 79TH STREET CAUSWAY</b> <b>NORTH BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PUREN, FREDERIC</b> <b>1601 79TH STREET CAUSWAY</b> <b>NORTH BAY VILLAGE, FL 33141</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
<b>SIGNATURE:</b> _____ <b>April 27/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					