

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010511

Entity Name: FL FONDUE, LLC

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

C/O THE MELTING POT
1135 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

C/O THE MELTING POT
5455 NORTH FEDERAL HIGHWAY, SUITE A
BOCA RATON, FL 33487

New Mailing Address:

C/O THE MELTING POT
1135 N FEDERAL HIGHWAY
FT LAUDERDALE, FL 33309

FEI Number: 06-1718080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMEARER, WILLIAM E
5455 N FEDERAL HIGHWAY
SUITE A
BOCA RATON, FL 33487 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/MANAGERS:

Title: MGRM () Delete
Name: SCHMEARER, WILLIAM E
Address: 99 SE MIZNER BLVD #736
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: MARGAIT, ROBERT
Address: 5455 N FEDERAL HIGHWAY , SUITE A
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MARGAIT, ROBERT
Address: 3215E PORT ROYALE DRIVE
City-St-Zip: FT LAUDERDALE, FL 33308 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM SCHMEARER

MGRM

01/18/2006

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