

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067110

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** MULTINATIONAL RESTAURANT CONCEPTS, LLC

**Current Principal Place of Business:**

8815 CONROY WINDAMERE ROAD  
SUITE 403  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 541092  
ORLANDO, FL 32854 US

**New Mailing Address:**

FEI Number: 06-1733842      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

DUDLEY, ADAM C  
3208 AMHERST AVENUE  
ORLANDO, FL 32804 US

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: MGRM ( ) Delete  
Name: DUDLEY, ADAM C  
Address: PO BOX 541092  
City-St-Zip: ORLANDO, FL 32854 US

Title: MGRM ( ) Delete  
Name: BRUMLIK, ALEXANDER  
Address: 8815 CONROY WINDAMERE ROAD SUITE 403  
City-St-Zip: ORLANDO, FL 32835 US

**ADDITIONS/CHANGES:**

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: ADAM C. DUDLEY

MGRM

05/01/2005

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