2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L06000096464

Entity Name: BURGER KING INTERAMERICA, LLC

Current Principal Place of Business:

5505 BLUE LAGOON DRIVE
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5505 BLUE LAGOON DRIVE
MIAMI, FL 33126

New Mailing Address:

FEI Number: 59-1299022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORAITON
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: CHIDSEY, JOHN W
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete
Name: WELLS, BEN K
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete
Name: CHWAT, ANNE
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete
Name: SMITH, PETER
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: AS ( ) Delete
Name: GILES-KLEIN, LISA
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: AS ( ) Change (X) Addition
Name: GONZALEZ, ESTHER
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify 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: LISA GILES-KLEIN AS 04/11/2008

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