


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAY -5 AM 9:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L92000000010 TALLAHASSEE, FLORIDA			
PLANET HOLLYWOOD (TROCADERO), L.C. <del>7380 SAND LAKE RD.</del> <del>STE. #600</del> <del>ORLANDO FL 32819</del>		1a. Principal Place of Business Address <del>7380 SAND LAKE RD.</del> <del>STE. #600</del> <del>ORLANDO FL 32819</del>			
2. Principal Place of Business 8669 COMMODITY CIRCLE Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32819 Country		2a. Mailing Address 8669 COMMODITY CIRCLE Suite, Apt. #, etc. City & State ORLANDO, FL Zip 32819 Country		3. Date Organized or Qualified 11/05/1992 3a. State of Formation FL 4. FEI Number 59-3172890 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 05/04/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent MARSHALL, BYRD F JR GRAY, HARRIS & ROBINSON, P.A. 201 E PINE STREET, 1200 ORLANDO FL 32801		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City Zip Code 600002874676--0 -05/13/99--01117--012 ****188.75 ****188.75 FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE _____			
(Register of Agent Accepting Appointment) (NOTE: Registered Agent signature required when not changing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	<del>DAVIS, GARY</del>	<del>40 SHAFTSBURY AVENUE</del>		<del>2ND LONDON, ENGLAND W1V</del>	
MGR	AVALLONE, THOMAS	7380 SAND LAKE ROAD, SUITE		ORLANDO FL	
MEM	PLANET HOLLYWOOD, INTE	7380 SAND LAKE RD., #600		ORLANDO FL	
MGR	JOHNSON, SCOTT	7380 SAND LAKE ROAD, SUITE		ORLANDO FL	
		8669 COMMODITY CIRCLE		32819	
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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		THOMAS AVALLONE		4/30/99 407-345-5300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR MEMBER OR MANAGER					