

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000119

FILED
Feb 02, 2009
Secretary of State

Entity Name: PLANET HOLLYWOOD (FRANCE), L.C.

Current Principal Place of Business:

7598 W. SAND LAKE ROAD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7598 W. SAND LAKE ROAD
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3238160

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, BYRD F JR.
C/O GRAY ROBINSON
301 E. PINE ST., SUITE 1400
ORLANDO, FL 32801 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: EARL, ROBERT I
Address: 7598 W. SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: PLANET HOLLYWOOD (PA, RIS), INC.
Address: 7598 W. SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: PLANET HOLLYWOOD INT, ERNATIONAL, IN C .
Address: 7598 W. SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

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:

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: ROBERT EARL

MGR

02/02/2009

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