


FILE NOW: Fee after May 1, will be \$588.75

APPROVED
AND
FILED

1997 FEB 13 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000047 TWO GC'S, L.C. ANGELO'S KITCHEN 8221-6 GLADES RD. BOCA RATON FL 33434
--

1a. Principal Place of Business Address ANGELO'S KITCHEN 8221-6 GLADES RD. BOCA RATON FL 33434

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 01/19/1995	3a. State of Formation FL
		4. FEI Number 65-0546983	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 09/10/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent BOLOGNA, LESLIE C/O ANGELO'S KITCHEN 8221-6 GLADES RD. BOCA RATON FL 33434	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	BOLOGNA, LESLIE	8221 GLADES RD., #5 & #6	BOCA RATON FL
MEM	ADIN, SUSAN	8221 GLADES RD., #5 & #6	BOCA RATON FL

700002088647--2
-02/17/97--01012--004
*****203.75 *****203.75

158
2/13/97

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: _____ 2/10/97 (561) 483-5955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #