File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 APR 27 PM 1:59 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #** 19500000047 1a. Principal Place of Business Address TWO GC'S, L.C. ANGELO'S KITCHEN ANGELO'S KITCHEN 8221-6 GLADES RD. 8221-6 GLADES RD. BOCA RATON FL 33434 BOCA RATON FL 33434 3. Date Organized or Qualifled 2a. Mailing Address 3a. State of Formation 2. Principal Place of Business 01/19/1995 4. FEI Number FLSuite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 65-0546983 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zip SB 75 Additional Fee Required 02/13/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office BOLOGNA, LESLIE Street Address (P.O. Box Number is Not Acceptable) C/O ANGELO'S KITCHEN 8221-6 GLADES RD. Suite, Apt. #, etc. BOCA RATON FL 33434 City Zio Code 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" 10, Title Managing Members/Managers **Business Street Address** City, State and Zip Code MEM BOLOGNA, LESLIE 8221 GLADES RD., #5 & #6 BOCA RATON FL 8224 3 DES-PD - #5 6-#6 BOCK RATON FL 100002515861--8 -05/07/98--01100--013 ****188.75 ****188.75 AL 'APR 29 1998

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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:

KINATURE AND TYPED OR PRINTS DINAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone 4