

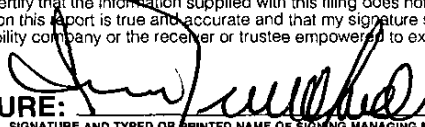


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90053 032 ****50.00

DOCUMENT # L95000000435					
1. Entity Name FAST FOOD MANAGEMENT & CONSULTING GROUP, L.C.					
Principal Place of Business 4362 NORTHLAKE BLVD. SUITE 211 PALM BEACH GARDENS, FL 33410			Mailing Address 9000 BURMAN RD 102 PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business 9000 Burma Rd.		3. Mailing Address 9000 Burma Road			
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102		03302004 Chg-LLC CR2E083 (10/03)	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL		4. FEI Number 65-0594042	
Zip 33403		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POLLAR, NEALE D 550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Jules Minker Street Address (P.O. Box Number is Not Acceptable) 9000 Burma Road Suite 102 City Palm Beach Gardens FL Zip Code 33403		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Jules Minker</u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRIEDLANDER, JEROME 8270 BOB-O-LINK DR. WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STROMPF, JAN A 122 SUNSET BAY DRIVE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I 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 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.					
SIGNATURE: 			Jerome Friedlander 4/13/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		