LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS						SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 10 PM 3: 13		
FILING \$ 188.	FEE Annu	al Report \$100.00 le Check Payable T	+ \$88.75	Corporation Sup	olemental Fee	į	99 nar 1	U Ph 3: 13
1. Name a	and Mailing Add ed Liability Com	ress DOCII		# L950000		}		
WINGS 'N RIBS OF CAPE CORAL, L.C. 1103 DEL PRADO S. CAPE CORAL FL 33990						18. Principal Place of Business Address 3758 CLEVELAND AVENUE FORT MYERS FL 33901		
Suite, Apt. #, etc.			Suite, Apt. #, etc			06/30/1	995	FL
·			<u> </u>			4. FEI Number	1	Applied For
City & State			City & St	ale		65-0619		Not Applicab
Zip		Country	Žip	Count	ry	5. Date of Last F	·	6. Certificate of Status Desire
	7 440	and Address of Current	Da winda an d		<u>, </u>	03/09/1		\$8.75 Additional Fee Required Sered Agent/Office
PORT	MYERS	AND AVENUE FL 33901.	and 608.508	Florida Statutes, the a	Suite, Apt. #, etc. City	liability company s	FL ubmits this state	Zip Code ment for the purpose of changir s thereby accept the appointme
	red agent, and a	accept the obligations.		_	-		DATE	r triereby accept the appointme
10. Title Managing Members/Managers				Business Street Address			City. State and Zip Code	
MGRM	RAKER,	AKER, DOUGLAS F 4923 S.W.		8TH PLACE		CAPE CORAL FL		
M.	RAKER, JAMES L 3758 CLEVI			ELAND AVENUE		FORT MYERS FL		
1				#657	70 - 1 <i>8</i> E	- -		
1						71	nono: -08/1 ****	2804847 5/9301006004 188.75 ****188.
indicated of limited liab	on this annual re	port is true and accurate a the receiver or trustee er	and that my	signature shall have the	same legal effect as	s if made under oath	n; that I am a mar	I further certify that the informat naging member or manager of i ame appears in Block 10, or on