2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9500000517

1. Entity Name

WINGS 'N RIBS OF CAPE CORAL, L.C.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90039 037 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS					TO WE THE			
CAPE CORAL FL 3989	1		-	• • • • • • • • • • • • • • • • • • •		20023218		
Suite, Apt. 4, etc. City & State State Address of Current Registered Agent Annual Address of New Registered Agent Annual Address of New Registered Agent Name RAKER, DOUGLAS F 1103 DEL PRADO S. CAPE CORAL FL 33990 City FL Zip Code Street Address (PC. Box Number is Not Acceptable) City FL Zip Code City FL Now, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Make City Florida Department of State Due By May 1, 2003 ADDITIONS/CITYANDES MAKER, DOUGLAS F MAKER, DOU						FIleanoa		
Suite, Apt. 4, etc. City & State State Address of Current Registered Agent Annual Address of New Registered Agent Annual Address of New Registered Agent Name RAKER, DOUGLAS F 1103 DEL PRADO S. CAPE CORAL FL 33990 City FL Zip Code Street Address (PC. Box Number is Not Acceptable) City FL Zip Code City FL Now, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Make City Florida Department of State Due By May 1, 2003 ADDITIONS/CITYANDES MAKER, DOUGLAS F MAKER, DOU						To the state of		
City & State Ci	2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHAN	GES	
So Name and Address of Current Registered Agent	City & State		City & State	City & State		4. FEI Number 65-0619732		
RAKER, DUIGLAS F 1103 DEL PRADO S CAPE CORAL FL 33990 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt with, and accept the orbigations of registered agent, or both, in the State of Florida. I am four-thirt, and accept the orbigations of Florida. I am four-thirt with, and accept the orbigations of Florida	Zip	Country	Zip	Zip Country			Additional	
RAKER, DOUGLAS F 1103 DEL PRADO S. CAPE CORAL FL 33990		6. Name and Address of Current	Registered Agent.			<u> </u>	quired	
The above named entity submist this statement for the purpose of changing its registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in lihe State of Florida. I am familiar with, and accept the obligations of registered						Name and Address of New Registered Agent		
CAPE CORAL FL 33990 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, liped or printed name of inquisited agent are fitter. Fagritations PROPERTY				Street Address		(P.O. Box Number is Not Acceptable)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Part				}				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Part				-	City		0-4	
SIGNATURE Signature Signa					•	┌ ┗ `		
Square in the period in granteed argent and period algent and period period and period and period and period and period and period by Have 1, 2003	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.							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9.	Signature hand or printed game of societies and an extension of the first state of the fi							
9. MANAGING MEMBERS /M ANAGERS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME NAME NAME NAME NAME NAME NAME NAM	, Unit							
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM			A of State					
## MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHANGES TILE MGRM NAME RAKER, DOUGLAS F 4923 SW. 81TH PLACE CITY-ST-ZIP TILE ANAME SIREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS C								
TITLE NAME NAME ARKER, DOUGLAS F 4923 S.W. 8TH PLACE CLAPE CORAL FL 33914 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD	9	MANAGING MEMPE						
RAKER, DOUGLAS F 4923 S.W. 8TH PLACE CAPE CORAL FL 33914 TILE NAME SIREET ADDRESS CITY-ST-ZIP RAKER, JAMES L 3758 CLEVELAND AVENUE FORT MYERS FL 33901 TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP					<u> </u>			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete			Char	nge L Addition	
CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE	STREET ADDRESS				ADDRESS			
TITLE NAME NAME NAMES L 3758 CLEVELAND AVENUE STREET ADDRESS CLITY-ST-2IP TITLE NAME STREET ADDRESS CLITY-ST-2IP	CITY-ST-ZIP			CITY-S	iT-ZIP	•	ĺ	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete	TITLE		Chai	ne	
CITY-ST-ZIP FORT MYERS FL 33901 TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME			ige 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				STREET	ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	FORT MYERS FL 33901		CITY-S	T-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		سعمه به محمد مست	—— — Delete → ¬ -			Charي اين پوليون کې د اولي کې پېښورو د اوليون کې	nge Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	~			ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE		· Char	ne D Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAMÉ	·	•	NAME			, Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Change Addition Addition Addition Addition Change Addition Change Addition Change CHANGE CITY-ST-ZIP CITY-ST-ZIP			•	STREET	ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP	City-St-zip	· · · · · · · · · · · · · · · · · · ·		CITY-ST	T- ZIP		j	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE	• •	☐ Delete	TITLE		☐ Chan	ge 🔲 Addition	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CHANGE Addition Change Addition Change Addition					I		1	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					- 419			
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1		Delete			. □ Chan	ge 🔲 Addition	
CITY-ST-ZIP CITY-ST-ZIP	1				ADDRESS			
0(1-51-21)	CITY-ST-ZIP		•				ļ	
	.,							

s 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company

SIGNATURE: