


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 APR 13 AM 10:06  <i>mtm</i> <i>4/14</i>	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>DOCUMENT # L95000000677</b>  KGC RESTAURANT, L.C. 2783 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744		1a. Principal Place of Business Address  2783 NORTH ORANGE BLOSSOM TR KISSIMMEE FL 34744			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  <i>P.O. BOX 352106</i>  Suite, Apt. #, etc.  City & State  <i>MIAMI, FL</i>  Zip Country  <i>33135 DADE</i>		3. Date Organized or Qualified  09/05/1995  4. FEI Number  65-0161044  5. Date of Last Report  02/25/1997	
				3a. State of Formation  FL  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  COLE, EDWIN H 4130-F AURORA ST CORAL GABLES FL 33146			8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) <i>300002489983-0</i>  Suite, Apt. #, etc. <i>-04/16/98--01010--009</i>  City <i>****188.75</i> Zip Code <i>****188.75</i> <b>FL</b>		
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 _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	COLE, EDWIN H	4130-F AURORA ST		CORAL GABLES FL	
MEM	GEVERS, JOHN C	2783 NORTH ORANGE BLOSSOM		KISSIMMEE FL	

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: *Edwin H Cole*      4/8/98 (305) 642-1245