


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 22 AM 8:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$68.75 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. PO BOX 352106 MIAMI FL 33135				1a. Principal Place of Business Address  2783 NORTH ORANGE BLOSSOM TR KISSIMMEE FL 34744			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/05/1995		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		65-0161044		5. Date of Last Report	
				04/13/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
COLE, EDWIN H 4130-F AURORA ST CORAL GABLES FL 33146				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 0000002823960--E City -03/30/99--01077--013 ****188.75 FL			
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>(Register Agent's Accepting Appointment) (NOTE: Register Agent Signature required when changing)</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			
4/26/99							
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: <i>Edwin H. Cole</i>				3/10/99 305-541-2711			