

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L95000000677

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: KGC RESTAURANT, L.C.

Current Principal Place of Business:

2783 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

New Principal Place of Business:

3189 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34746

Current Mailing Address:

PO BOX 352106
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0614876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEVERS, JOHN C
2783 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

GEVERS, JOHN C
1633 E. VINE STREET
116
KISSIMMEE, FL 34744 US

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.

SIGNATURE:

04/30/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: GEVERS, JOHN C
Address: 2783 NORTH ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34744

Title: MEM () Delete
Name: CURIEL, LUISA D
Address: 2790 NW 4TH ST.
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEVERS, JOHN C
Address: 1633 E. VINE STREET, SUITE 116
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM (X) Change () Addition
Name: CURIEL, LUISA O
Address: 2790 NW 4TH ST.
City-St-Zip: MIAMI, FL 33125

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUISA O. CURIEL

MGRM

04/30/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date