


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

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR 28 AM 8:25	
ANNUAL REPORT 1999					
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L95000000747		1a. Principal Place of Business Address	
R.A.C. 103J L.C. 10800 BISCAYNE BLVD. - PENTHOUSE MIAMI FL 33161				10800 BISCAYNE BLVD. - PENTH MIAMI FL 33161	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		2701 Alton Pkwy		10/02/1995	
City & State		Suite, Apt. #, etc. Corp Tax Dept.		3a. State of Formation	
Zip		City & State Irvine, CA		FL	
Country		Zip 92606		4. FEI Number	
		Country USA		65-0634562	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				05/05/1998	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
RYAN, NANCY 10800 BISCAYNE BLVD. -- PENTHOUSE MIAMI FL 33161		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		100002870321 -- 2			
		Suite, Apt. #, etc.			
		-05/11/93--01005--010			
		****188.75 ****188.75			
		City			
		FL			
		Zip Code			
		1724			
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
NGRM	KOO KOO ROO, INC.	11075 SANTA MONICA BLVD. 7 2701 Alton Pkwy		LOS ANGELES CA Irvine, CA 92606	
NGRM	RESTAURANT ACQUISITI,	10800 BISCAYNE BLVD. - PEN		MIAMI FL 33161	
NGRM	HARRIS, MBL	10800 BISCAYNE BLVD. - PEN		MIAMI FL 33161	
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: X		Robert T. Trebing, Jr. Vice President of Koo Koo Roo, Inc.		4/23/99 (944) 757-7900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					