
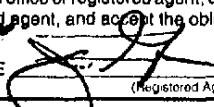
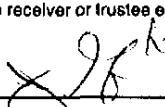


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JUN 13 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000099			
R.A.C. 104J L.C. 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161		1a. Principal Place of Business Address 10800 BISCAYNE BOULEVARD - PE MIAMI FL 33161			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1996	
City & State		City & State		3a. State of Formation FL	
Zip		Zip		4. FEI Number	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
RYAN, NANCY 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002213622-8 -06/16/97-01168-003 City ***1425 25 *****203.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	KOO KOO ROO, INC.	11075 SANTA MONICA BOULEVA		LOS ANGELES CA	
MGRM	RESTAURANT ACQUISITI,	10800 BISCAYNE BOULEVARD -		NORTH MIAMI FL	
MGRM	HARRIS, MEL	10800 BISCAYNE BOULEVARD -		MIAMI FL	
ENTERED 12909 10209-696-152					
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>Jeanne Giles</i> 9/30/97 310-477-0080 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					