


**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>97 SEP 18 AM 10:09</b>	
<b>FILING FEE</b> <b>\$ 588.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96000000848</b>  <b>CMM FLORIDA 105J, L.C.</b> <b>10800 BISCAYNE BOULEVARD</b> <b>PENTHOUSE</b> <b>MIAMI FL 33161</b>		1a. Principal Place of Business Address  <b>10800 BISCAYNE BOULEVARD</b> <b>PENTHOUSE</b> <b>MIAMI FL 33161</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified <b>08/06/1996</b> 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				3a. State of Formation <b>FL</b>  5. Date of Last Report  6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>RYAN, NANCY</b> <b>10800 BISCAYNE BOULEVARD</b> <b>PENTHOUSE</b> <b>MIAMI FL 33161</b>			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)      DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGMR	KOO KOO ROO, INC.	11075 SATNA MONICA BLVD, S		LOS ANGELES CA	
MGMR	CERAMIC ACQUISITION,	10800 BISCAYNE BLVD, PENTH		MIAMI FL	
MGMR	HARRIS, MEL	10800 BISCAYNE BLVD, PENTH		MIAMI FL	
				000002304730--1 -09/26/97--01066--002 ***5887.50 ****588.75	
<b>KWM</b>					

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:** CMMI, MANAGING MEMBER, by Alex G. (CA), JTS (FO 8/19/97 818-325-803