

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 97 SEP 18 AM 10:09

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000000849**

CMM FLORIDA 106J. L.C.  
 10800 BISCAYNE BOULEVARD  
 PENTHOUSE  
 MIAMI FL 33161

1a. Principal Place of Business Address  
 10800 BISCAYNE BOULEVARD  
 PENTHOUSE  
 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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 08/06/1996	3a. State of Formation FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

RYAN, NANCY  
 10800 BISCAYNE BOULEVARD  
 PENTHOUSE  
 MIAMI FL 33161

8. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, etc. \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
**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) (NOT Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KOO KOO ROO, INC.	11075 SANTA MONICA BLVD, S	LOS ANGELES CA
MGRM	CERAMIC ACQUISITION ,	10800 BISCAYNE BLVD, PENTH	MIAMI FL
MGRM	HARRIS, MEL	10800 BISCAYNE BLVD, PENTH	MIAMI FL

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 \*\*\*5887.50 \*\*\*\*588.75

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 Guira, its COO 8/19/97 818-325-805*