

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 16 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L96000001215

1. Entity Name
R.A.C. 105J L.C.

Principal Place of Business
10800 BISAYNE BLVD.
PENTHOUSE
MIAMI FL 33161

Mailing Address
2701 ALTON PKWY
CORP TAX DEPT.
IRVINE CA 92606

2. Principal Place of Business
2701 Alton Parkway

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Irvine, CA

City & State

4. FEI Number 65-0774946

Applied For
Not Applicable

92606-5149 USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004035179--4
-04/20/01--01054--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM KOO KOO ROO, INC. ☐ Delete
STREET ADDRESS 2701 ALTON PKWY
CITY-ST-ZIP IRVINE CA 92606

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM RESTAURANT ACQUISITION CORP. ☒ Delete
STREET ADDRESS 10800 BISCAYNE BLVD. PENTHOUSE
CITY-ST-ZIP MIAMI FL 33161

TITLE NAME Member ☐ Change ☒ Addition
STREET ADDRESS Koo Koo Roo Licensing Systems, Inc.
CITY-ST-ZIP 2701 Alton Parkway
Irvine, CA 92606-5149

TITLE NAME MGRM HARRIS, MEL ☒ Delete
STREET ADDRESS 10800 BISCAYNE BLVD. PENTHOUSE
CITY-ST-ZIP MIAMI FL 33161

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert T. Trebing, Jr. 4/4/01

Date

Daytime Phone #

949/757-7900

0028378 AF

CR2E083 (11/00)