| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 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 | | | |
|--|---|--|--|--|--------------------------|----------------|--------------------------|--|---|--|------------------------|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | | | 22 KI K C | O HII | 0. 23 |
| 1 Name a | and Mailing Add ted Liability Cor | dress DOCI | | # L96 | - | | | | | | |
| R.A.C. 106J L.C. 10800 BISCAYNE BLVD. PENTHOUSE MIAMI FL 33161 | | | | | | | | 1a. Principat Place of Business Address 10800 BISCAYNE BLVD. PENTHOUSE MIAMI FL 33161 | | | |
| | | | | a. Mailing Address | | | | Date Organiza | | 3a. State | e of Formation |
| Suite, Apt. | #, etc. | Suite, Ap | 2701 Alton Pkwy Suite, Apt. #, etc. | | | | 11/15/1996 FL | | | | |
| City & Stat | te | City & St | City & State Tryine CA | | | | 4. FEI Number 65-0753483 | | | Applied For Not Applicable | |
| Zip | Zip Country | | Zip Co | | Countr | • | Į | 5. Date of Last Repor | | | cate of Status Desired |
| | 7 Name | and Address of Curren | 924 Registered | | | <u>usa</u> | | 05/05/1 | . 998 s of New Regis | - | |
| 9. Pursua its register as registe | int to the provis | 8-99P(11:35 sions of Sections 608.416 istered agent, or both, in the accept the obligations. | and 608.508 e State of Flor | rida. Such chan | ge was ai | ithorized by a | imited liab | ility company si vote of a majorit | -D:5/1 非米米米 FL ubmits this state y of the member | 1/33 188, 75 Zip Code ment for th s. Thereby a | e purpose of changin |
| 10. Title Managing Members/Managers | | | | Business Street Address | | | | City, State and Zip Code | | | |
| į | KOO KOO ROO, INC. RESTAURANT ACQUISITI, | | | 2701 Alton PKWY -11075 SANTA MONICA B | | | | BLVD #5 | Irvine, 108 A | 4GE PE | S CA |
| MGRM | | 10800 BISCAYNE BLVD. PEN 10800 BISCAYNE BLVD. PEN | | | | | | | 00,0, | | |
| indicated of limited liab attachmen | on this annual re | | and that my s | ignature shall h | nave the s port as re | ame legal of | fect as if mapter 608, | nade under oath Florida Statute G. Jr. | ; that I am a mai | naging mer | nber or manager of th |