
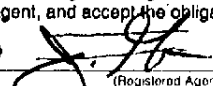
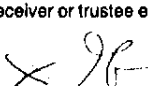


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS		FILED 97 JUN 13 PM 3:23 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 #L96000001217 R.A.C. 107J L.C. 10800 BISCAYNE BLVD. PENTHOUSE MIAMI FL 33161		1a. Principal Place of Business Address 10800 BISCAYNE BLVD. PENTHOUSE MIAMI FL 33161			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
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 11/15/1996 3a. State of Formation FL 4. FEI Number 65-0752685 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 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 RYAN, NANCY 10800 BISCAYNE BLVD. PENTHOUSE MIAMI FL 33161			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500002213625--8 Suite, Apt. #, etc. -06/16/97--01168--003 ***1426.25 ****203.75 City FL Zip Code		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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	RESTAURANT ACQUISITI,	10800 BISCAYNE BLVD. PENTH		NORTH MIAMI FL	
MGRM	HARRIS, MEL	10800 BISCAYNE BLVD. PENTH		NORTH MIAMI FL	
<div style="text-align: center;">ENTERED 62906 10209-696-152</div>					
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:  Jeanne Cates 4/30/97 310-477-2080 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					