
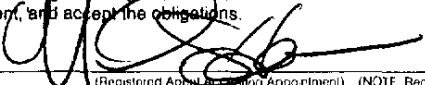
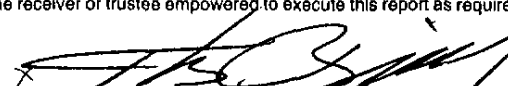


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000714	
LA FONTAINE RESTAURANT, L.C. 1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134		1a. Principal Place of Business Address 1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134	
2. Principal Place of Business 3390 Mary Street Suite, Apt. #, etc. Space 194 City & State Coconut Grove, FL Zip 33133	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 06/25/1997 4. FEI Number 650764620	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent HELLMAN, MAYNARD J 1100 PONCE DE LEON BLVD. CORAL GABLES FL 33134		5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002456004--3 Suite, Apt. #, etc. 03/12/98 01113 025 ****188.75 ****188.75 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  (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)		DATE 2-27-98	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	THOMAS BILLANTE CHURT PARTNERS, L.P.	3390 Mary St., Space 194 3390 Mary St., Space 194	Coconut Grove, FL 33133 Coconut Grove, FL 33133
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		March 8, 1998 447-0553 Date Daytime Phone #	