ANNUAL REPORT  1999  Secretary of State Secretary o	ANNUAL REPORT Secretary of State							1 - 3 1 3	M. M.		
FILING FEE Annual Roport \$100.00 + \$89.75 Corportation Supplemental Fee \$189.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE    The man and Managery DOCUMENT # L9700000713    LA FONTAINE RESTAURANT, L.C. 3390 MARY ST. SPACE 194   COCONUT GROVE FL 33133    Principal Place of Business   2a. Mailing Address   3. Date Organized or Oscillation of Color of Coconut Grove FL 33133    Principal Place of Business   2a. Mailing Address   3. Date Organized or Oscillation of Coconut Grove FL 33133    Principal Place of Business   2a. Mailing Address   3. Date Organized or Oscillation of Coconut Grove FL 33133    Principal Place of Business   2a. Mailing Address   3. Date Organized or Oscillation of Coconut Grove FL 33133    Principal Place of Business   2a. Mailing Address   3. Date Organized or Oscillation of Coconut Grove FL 33133    Principal Place of Business   2a. Mailing Address   3. Date Organized or Oscillation of Coconut Grove FL 33133    Principal Place of Business   2a. Mailing Address   3. Date Organized or Oscillation of Coconut Grove FL 33133    Principal Place of Business   2a. Mailing Address   3. Date Organized or Oscillation of Coconut Grove FL 33133    Principal Place of Business   3a. Date of Formabor Organized According to Coconut Grove FL 33133    Principal Place of Business   3a. Date of Formabor Organized According to Coconut Grove FL 33134    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According to Coconut Grove FL 33130    Business   5a. Date Organized According							0.46				
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Country  Cou	Suite, Apt. #, etc.			Suite, Apt. #, etc.				1		- Applied For	
7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  HELLMAN, MAYNARD 3  1100 PONCE DE LEON BLVD.  CORAL GABLES FL 33134  Stock Address (P.O. Box Number is Mil Acceptable)  Stock Address (P.O. Box Number is Mil Acceptable)  Stock Age if and Control of Status  Stock Agent Age	City & State			City & State				65-0764	620	Not Applicat	
7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  HELLMAN, MAYNARD 3  1100 PONCE DE LEON BLVD.  CORAL GABLES FL 33134    Succidabless (P.O. Box Number is Not Acceptable)	Z <sub>I</sub> o Country		ountry	Z <sub>1</sub> p		Country		5. Date of Last F	leporl	6. Certificate of Status Desire	
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Surie, April Felician	1100 PONCE DE LEON BLVD.						Lang, f	<u>\$</u>	· · · · · · · · · · · · · · · · · · ·		
Suite 3300  9. Pursuant to the provisions of Sections 608 416 and 608 508. Floride Statules, the above-named limited liability company submits this statoment for the purpose of its registered discording to good the purpose of the purpose of its registered discording to good the purpose of	CORAL GABLES FL 33134										
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 its registered office or registering agent, pick a possible three officinals. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appearance of the purpose of t											
9. Pursuant to the provisions of Sections 608 416 and 608 508. Florida Statules, the above named limited liability company submits this statement for the purpose of its registered office or registered agent, go both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appears are registered agent, and accept the early agent and accept the property of the members. Thereby accept the appears are registered agent, and accept the purpose of its registering agent, and accept the purpose of th							City	<i>30</i> 0			
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BILLANTE, TROMAS  3390 MARY ST.  CHURT PARTNERS, L.P.  3390 MARY ST.  COCONUT GROVE FL.  411188 75, ****  Churt partners is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or managimed legality 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 statechment with an address.  SIGNATURE:  Managing Members/Managers  Business Street Address  City, State and Zip Code  COCONUT GROVE FL  COCONUT GROVE FL  A THIS REPORT AS A STATE A ST	its register	ed office or register	red agent, or both, in th					tive vote of a majorit	y of the member	s. Thereby accept the appointme	
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CHURT PARTNERS, L.P. 3390 MARY ST. COCONUT GROVE FL.  11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that th	i0. Title	Manag							City	State and Zip Code	
11 Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statules. If urther certify that the inflicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or managimited 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 attachment with an address.  SIGNATURE:  Marked D.M. A. H. D. 18-99	м	BILLANT	E, THOMAS		3390	MARY	ST.		COCON	JT GROVE FL	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statules. If urther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (ii), Florida Statules. If urther certify that the information of this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or managing interest or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10 attachment with an address.  SIGNATURE:	M	CHURT P	F PARTNERS, L.P.		3390 MARY ST.				COCONT	UT GROVE FL	
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 infinite dicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or mana; limited leability 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 attachment with an address.  SIGNATURE:  **There is a Billon for the same legal effect as it made under oath, that I am a managing member or mana; limited leability 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 attachment with an address.  **SIGNATURE:***  **There is a Billon for the same legal effect as it made under oath, that I am a managing member or managing mem								A)	-8571	279901007001	
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