


**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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR -2 AM 9:55

WL  
3/5

<b>FILING FEE</b> \$ 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 <b>DOCUMENT # L97000000797</b>  PREFERRED RESTAURANT GROUP, L.C. 9700 - 9TH STREET NORTH #400 ST. PETERSBURG FL 33702
---

1a. Principal Place of Business Address  9700 - 9TH STREET NORTH #400 ST. PETERSBURG FL 33702
--

2. Principal Place of Business Cafe California Suite, Apt. #, etc. 2325 Ulmerton Rd City & State Clearwater, FL Zip 33762 Country USA	2a. Mailing Address Preferred Restaurant Suite, Apt. #, etc. 9700 North St N #400 City & State St. Petersburg, FL Zip 33702 Country USA
--	--

3. Date Organized or Qualified 07/25/1997	3a. State of Formation FL
4. FEI Number 59-3446306	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report New	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent  ROWE, JAMES C ESQ RIDEN, EARLE & KIEFNER, P.A. 100 2ND AVENUE SOUTH #400N ST. PETERSBURG FL 33701
---

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARKEL, GARY L	9700 - 9TH STREET NORTH #4	ST. PETERSBURG FL  400002452214--2 -03/10/98--01045--020 ****197.50 ****197.50

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:** Sue L. Markel  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #