

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008136 AF

DOCUMENT # L97000000797

1. Entity Name
PREFERRED RESTAURANT GROUP, L.C.

00 APR -6 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9700 NINTH ST. N. #400 ST. PETERSBURG FL 33702	Mailing Address 9700 NINTH ST N #400 ST PETERSBURG FL 33762-2307
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2. Principal Place of Business 1901 Ulmertow Rd. Suite, Apt. #, etc. Ste. 700	3. Mailing Address 1901 Ulmertow Rd. Suite, Apt. #, etc. Ste. 700
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City & State Clearwater, FL	City & State Clearwater, FL	4. FEI Number 59-3446306	Applied For <input type="checkbox"/> Not Applicable
Zip 33762	Country USA	Zip 33762	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKEL, GARY L 9700 - 9TH STREET NORTH #400 ST. PETERSBURG FL 33702	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

10. ADDITIONS / CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM markel, Gary L. 1901 Ulmertow Rd., Ste. 700 Clearwater, FL 33762	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003217855--5 -04/21/00--01008--014 *****55.00 - *****55.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED Date: 1/26/00 Daytime Phone # _____

CFR2E083 (9/99)