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**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

FILED

98 MAY -5 PM 1:17

SECRETARY OF STATE

Ì	1998 DIVISION OF CORPORATIONS						INCLARASSEE, FLORIDA				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							_				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Malling Address of Limited Liability Company DOCUMENT # L9700000882											
Name a of Limit	and Malling Ad ted Liability Co	mpany DOCI									
,							1a. Principal Place of Business Address				
R.A.C. 108J L.C. 10800 BISCAYNE BLVD - PH							10800 BISCAYNE BLVD - PH				
MIAMI FL 33161							MIAMI FL 33161				
2. Principal Place of Business 2a. Mail				ing Address			3. Date Organized or Qualified 3a. State of Formation			ation	
Suite, Apt. #, etc. Suite, A			ot. #, etc.			08/11/1997		FL /			
				·			4. FEI Number Applied For				
City & State City & St				ate			7			Not Applicable	
Zip Country Zip			Zip	Country			5. Date of Last Report		6. Certificate of St	atus Desired	
p	,					,				SB.75 Additional Fee Required	
7. Name and Address of Current Registered				Agent		8. Name and Address of New Registered Agen					
RYAN, NANCY 10800 BISCAYNE BLVD - PH						Name					
						Street Address (P.O. Box Number Is Not Acceptable)					
	FL 33					500002516285S					
			Suite, Apt. #, etc.			-05/07/9801127006					
						1887.50 *188.75					
			City				Zip Code				
9. Pursua	nt to the provis	sions of Sections 608.416	and 608.508	, Florida Statute	s, the at	bove-named limited liability company submits this statement for the purpose of char				e 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 re							DATE				
10. Title	Managing Members/Managers			Business Street Address				City, State and Zip Code			
MGRM	KOO KOO ROO, INC. 110				1075 SANTA MONICA BLVD, S LOS ANGELES CA						
MGRM	M RESTAURANT ACQUISITI, 1080				0800 BISCAYNE BLVD - PH MIAMI FL						
MGRM	FRM HARRIS, MEL				10800 BISCAYNE BLVD - PH MIAMI						
J											
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								do	5/4/9	0	
				<u> </u>		 -	<u> </u>	L SPA	3/6/9	8	

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. 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.