File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.						
LIMITE	, chin.	INT OF STATE Harris State PORATIONS	SECRETARY OF STATE DIVISION OF COMPORATIONS			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee				99 APR -5 AM 10: 28		
\$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company   DOCUMENT # L98000000945						
	INNOVATIVE RESTAURANT O	c.	1a. Principal Plac	e of Business Ac	ldress	
	2611 EAST ATLANTIC BOUL POMPANO BEACH FL 33062	4-Ah	2611 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33062			
2 Princip	al Place of Business 21d, 0 2a. Mailin	16 Blvd.	3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc.   Suite, Apt. #, etc.			10 DIVO.	07/02/1998 FL		
Ćity n&Sta	te A : City & Sta		65.09	03058	Applied For  Not Applicable	
Vero beach fr Tampano bead			ft	5. Date of Last Re		6. Certificate of Status Desired
320	160 USA 1330	62 Count	jsa		[1	S8 75 Additional Fee Required
	7. Name and Address of Current Registered	Agent	B. N Name	lame and Address	of New Registe	red Agent/Office
BROEK, DARREL 2611 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33062			Street Address (P.O. Box Number is Not Acceptable)			
			Suite, Apt #, etc			
,			City		FL	Zιρ 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 of the 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 abbigations.						
SIGNATURE DATE DATE DATE						
<b>10</b> . Title	Managing Members/Managers	Busine	ess Street Address		City, S	State and Zip Code
MGRM	BROEK, DARREL	2611 EAST	ATLANTIC	BOULEVA	POMPAN	O BEACH FL
MGRM	SAUCY, OLIVER	2611 EAST	ATLANTIC	BOULEVA	POMPAN	O BEACH FL
!				90	□□□2°8 -04/20/ ****18	3 <b>45409-</b> 9 /9901077008 /8.75 ****188.75
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 reports the and accurate and that my Sphalure 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 teceiver 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						
attachmer	at with an address	< /			,	
SIGNATURE: SCHOOL AND IN THE DECEMBER OF SOCIETY MADE OF SOCIE						