



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED APR 23 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 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 DOCUMENT # L98000001082 DHL RESTAURANT L.C. 613 STANTON LANE WESTON FL 33326		1a. Principal Place of Business Address 613 STANTON LANE WESTON FL 33326	
2 Principal Place of Business Suite, Apt. #, etc. 1756 N. Fed. Hwy	2a. Mailing Address Suite, Apt. #, etc. SAME	3. Date Organized or Qualified 07/15/1998	3a. State of Formation FL
City & State FT. LAUDERDALE FL.	City & State	FEI Number 65-0853309	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33305	Country	Date of Last Report NA.	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent IEVIN, STANTON G 1570 MADRUGA AVE., SUITE 311 CORAL GABLES FL 33146		8. Name and Address of New Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc _____ City _____ Zip Code _____ FL	
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 a firmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations			
SIGNATURE _____		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	NGRM LEVIN, DAVID H	613 STANTON LANE	WESTON FL
			700002856397 -04/29/99--01098--013 ****188.75 ****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 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 authorized 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: _____			