
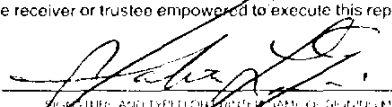


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR -5 AM 10:28	
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 # L98000003390		1a. Principal Place of Business Address	
GERACI RESTAURANT GROUP, L.L.C. 43-104, CALUSA BAY NORTH 6939 RAIN LILY COURT NAPLES FL 34109		44-AP CM		43-104, CALUSA BAY NORTH 6939 RAIN LILY COURT NAPLES FL 34109	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
24940 S TAMiami TRAIL Suite, Apt. #, etc. 103 City & State BONITA SPRINGS, FL Zip 34134		24940 S TAMiami TRAIL Suite, Apt. #, etc. 103 City & State BONITA SPRINGS, FL Zip 34134		12/28/1998	
Country USA		Country USA		3a. State of Formation FL	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office		4. FEI Number 59-3547454	
D'AGOSTINO, LOUIS D CHEFFY PASSIDOMO WILSON & JOHNSON 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		5. Date of Last Report 11-1-98 (F.B. 98-18) 11/30/98	
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		6. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required <input type="checkbox"/>	
SIGNATURE _____		DATE _____			
(Registered Agent Accepted Appointment by Filing)		(Registered Agent Signature Required with Change)			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GERACI, SALVATORE	43-104, CALUSA BAY NO., 69		NAPLES FL	
				600002845410-7 -04/20/99-01077-012 ****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 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:  2-20-99 941-949-2100					