2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001295

1. Entity Name
THE RESTAURANT GROUP OF SOUTH FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:24

Principal Place of Business	Mailing Address
7154 S.W. 47TH STREET. SUITE C MIAMI FL 33155	7154 S.W. 47TH STREET. SUITE C MIAMI FL 33179-3576

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19501 N.E. 10 Avenue	19501 N.E. 10 Avenue
Suite, Apt. #, etc.: Bay C	Suite, Apt. #, etc.: Bay C
City & State: N. Miami Beach, FL	City & State: N. Miami Beach, FL
Zip: 33179 Country: U.S.A.	Zip: 33179 Country: U.S.A.

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WASHINGTON, LYNN C
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Keith A. James, Esq.
Street Address (P.O. Box Number is Not Acceptable): 222 Lakeview Avenue, Suite 800
City: West Palm Beach **FL** Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

2/24/00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR OWENS, RONALD 7154 S.W. 47TH STREET, SUITE C MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President MGR Owens, Ronald 19501 N.E. 10 Ave. Bay C N. Miami Beach, FL 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/99)

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 Ronald Owens, President 1/10/00 (305)690-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #