2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90080 032 ****50.00

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DOCUMENT # L99000001295

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

Principal Place of Business	Mailing Address
19501 NE. 10TH AVENUE BAY C N. MIAMI BEACH FL 33179	19501 NE. 10TH AVENUE BAY C N. MIAMI BEACH FL 33179

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0906481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OWENS, RONALD R 719 DIPLOMAT PKWY HALLANDALE BEACH FL 33009	Name FEINSWOG, BENJAMIN S. Street Address (P.O. Box Number is Not Acceptable) 3 GROVE ISLE DRIVE #505 City COCONUT GROVE FL Zip Code 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OWENS, RONALD R 19501 NE. 10TH AVENUE, BAY C N. MIAMI BEACH FL 33179	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FEINSWOG, BENJAMIN S. 19501 NE 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
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CR2E083 (10/02)

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 [signature] CEO 4/14/03 305-690-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #