LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90019 024 ****50.00

DOCUMENT #L99000005244

1. Entity Name

COURTYARD RESTAURANT, LLC

J30527

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
230 N.W. PEACOCK BOULEVARD	1101 BRICKELL AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1700
City & State PORT ST. LUCIE, FL	City & State MIAMI, FL
Zip 34986 Country ~~ST. LUCIE~~ USA	Zip 33131 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0942482 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOHN W. SCHMITZ

Street Address (P.O. Box Number is Not Acceptable)

1101 BRICKELL AVENUE, SUITE 1700

City MIAMI **FL** Zip Code 33131

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 John W. Schmitz March 26, 2002
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHMITZ, JOHN W ESQ.
STREET ADDRESS	375 Cocoplum Road
CITY-ST-ZIP	Coral Gables FL 33143
TITLE	MGR
NAME	SCHMITZ LUCILA
STREET ADDRESS	375 Cocoplum Road
CITY-ST-ZIP	Coral Gables FL 33143
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CR2E083B (12/01)

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: John W. Schmitz 3/26/02 (305)579-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #