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

000527

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

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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 [signature] 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	TITLE	
NAME	SCHMITZ, JOHN W ESQ.	NAME	
STREET ADDRESS	375 Cocoplum Road	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables FL 33143	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	SCHMITZ LUCILA	NAME	
STREET ADDRESS	375 Cocoplum Road	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables FL 33143	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: [signature] 3/26/02 (305)579-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #