2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005244

1. Entity Name
COURTYARD RESTAURANT, LLC

Principal Place of Business	Mailing Address
230 NW PEACOCOK BLVD PORT SAINT LUCIE, FL 34986	1101 BRICKELL AVE., SUITE 1700 MIAMI, FL 33131

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02062004No Chg-LLC CR2E083 (10/03)

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

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

6. Name and Address of Current Registered Agent

SCHMITZ, JOHN W
1101 BRICKELL AVE., SUITE 1700
MIAMI, FL 33131

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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCHMITZ, JOHN W
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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 2/12/04 305-579-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #