

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005244

FILED
Jan 27, 2005
Secretary of State

Entity Name: COURTYARD RESTAURANT, LLC

Current Principal Place of Business:

230 NW PEACOCOK BLVD
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

230 NW PEACOCK BOULEVARD
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

1101 BRICKELL AVE., SUITE 1700
MIAMI, FL 33131

New Mailing Address:

1101 BRICKELL AVENUE
SUITE 1700
MIAMI, FL 33131

FEI Number: 65-0942482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

01/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SCHMITZ, JOHN W
Address: 375 COCOPLUM ROAD
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR () Delete
Name: SCHMITZ, LUCILA
Address: 375 COCOPLUM ROAD
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHMITZ, JOHN W.
Address: 375 COCOPLUM ROAD
City-St-Zip: CORAL GABLES, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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

MGR

01/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date