LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCUMENT # 1. Entity Name	L99000006027		
ISLAND RESTAURA	ANT VENTURES,	LLC	

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Kong West City & State Kong West Country Sip Country Sin Applied For Not Applicable Fee Required 7. Name and Address of Current Registered Agent Name Name Name Nong (as I. Sull Street Address (POLifox Number is Not Acceptable) IN THIS SPACE Street Address (POLifox Number is Not Acceptable) 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, typed or printed name of registered agent and title # applicable. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1	1. Entity Name		05-28-2002 91532 044 ****50.00			
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		ith this filing does not qualify		Section 119.07(3)(i). Florida Statutes. I further cer	tify 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.