2000	<b>UNIFORM</b>	<b>BUSINESS</b>	<b>REPORT</b>	(UBR
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DOCUMENT # L9900008002 *						FILEB			A SERVE
STIR CRAZY CAFE - BOCA RATON, LLC					SECRE	TARY OF STATE OF CORPORATIONS			. ,=
	•	A STATE OF THE STA			İ				
Principal Plac	ce of Business	Mailing Address			UU SEP	29 PM 1:51			
440 N. WELLS STREET. SUITE 620 440 N. WELLS STREET. SUITE			SUITE 62	0					
CHICAGO IL	60610	CHICAGO IL 60610					:1-1		
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address		] 'I <b>ii</b>	11011 BIO 18110 IDIZI DOŽII <b>Zo</b> liž <b>68</b> 121	DUTTI BUTUK PUTA DUTTI	43170   41   74	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	DO NOT WRITE IN T	THIS SPACE			
City & Stat		City & State		4. FEI Num			oplied For	1	
<b>-</b>				105-	0969942		ot Applicable	]	
Zip ,	Country	Zip	Country		5. Certificat	te of Status Desired	<b>\$5.00</b> Add Fee Require		
-	6. Name and Address of Current	Registered Agent_		Name _	7. Name ar	d Address of New Registe	red Agent		-
CORPOR	ATION SERVICE COMPANY			CT		ration Syste	<u>m</u>		
1201 HAYS STREET			Street Address (	eet Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525				1300	South	Pine Islan	y Kg		
				City Plan	<i>itation</i>	·	FL Zip Cod	324	
8. The above	named entity submits this statement for				red agent, or b	oth, in the State of Florida.		-	
SIGNATURE	(COncer 1)			R. Graves ant Secretary Agent signature required	<u>.                                    </u>	91	15/2000	<u> </u>	
	Signature, hyperfor whited namelof registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)	D	ATE	<del></del>	-
<u>.=. •</u>				FEE IS \$50.00					
		Make Check Pa	yable to	nebaument o	1 State				
9.	MANAGING MEMBE		10.	,		ADDITIONS/CHAN			6
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NAME			NAM	E			Dr.		
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NAME STREET ADDRESS		1	NAME STREE	ET ADDRESS				į	
CITY-ST-ZIP			CITY-	ST-ZIP					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this fling does not qualify for that my signature shall bave	the exer	mption stated in Se legal effect as if m	ection 119.07(3 nade under oat	)(i), Florida Statutes. I furthe h; that I am a managing me	r certify that the ir ember or manage	nformation or of the	
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.									
SIGNAT	ure: Signat	LEATE FAILSTOI	REC		91	2/00 3/2-	645-18	00	
J. W. 1771		TED NAME OF SIGNING MANAGING	MEMBER O	R MANAGER		Date	Daytime Phone #		