## 2004 LIMITED LIABILITY COMPANY

## FILED Apr 22, 2004 8:00 am

| ANNUAL REPORT   |  |  |   |                               | Secretary of State                                  |                      |   |  |
|---|--|--|---|-------------------------------|---|----------------------|---|--|
| DOCU  | MENT # L99000008   | 002                                      | 1 THE   |                               |   | 04-22-2004           | 4 90351 003 ****                            | 50.00                                  |
| <ol> <li>Entity Name</li> <li>STIR CRAZY CAFE - BOCA RATON, LLC</li> </ol>  |  |  |   |                               |   |                      |   |  |
|   |  |  |   |                               |   |                      |   |  |
| Principal Plac  | e of Business  | Mailing Address                          |   |                               |   |                      | ZAUDUZAB                                    |  |
| 6000 GLADES RD., #1015  |  | 440 N. WELLS ST., STE. 620               |   |                               |   |                      |   |  |
| BOCA RATON  | N, FL 33431  | CHICAGO, IL 60610                        |   |                               |   |                      |   |  |
| 0.00000000  | No. of the second secon |  |   |                               |   |                      |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address<br>414 N. ORleans St. |   |                               |   |                      | []]   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. 310                  |   |                               | 04122004  | Chg-LLC              | CR2E083 (10/03)                             |  |
| City & State  |  | Chicago, I                               |   | 4                             | 4. FEI Number Applied For 65-0969942 Not Applicable |                      |   |  |
| Zip   | Country  | Zip                                      | Country 14  | 5                             |   | of Status Desired    | □ \$5.00 Ad                                 | ditional                               |
| <u></u>   | 6. Name and Address of Current I   | Begistered Agent                         | u on  | 7                             | 7. Name and   | Address of New F     | Fee Require                                 | ea                                     |
|   |  |  | Name  | · · ·                         |   |                      |   |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD   |  | Street Address (                         |   | ddress (P.C                   | P.O. Box Number is Not Acceptable)                  |                      |   |  |
| PLANTATI  | ION, FL 33324  |  |   |                               |   |                      |   |  |
|   |  |  | City  |                               |   |                      | FL Zip Coo                                  | de                                     |
|   | named entity submits this statement for<br>tions of registered agent.  | the purpose of changing its re           | egistered office o  | r registered                  | agent, or both                                      | , in the State of Fk | orida. I am familiar with                   | , and accept                           |
| _   | and of registered agent.   |  |   |                               |   |                      |   |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent a   | nd title if applicable. (NOTE:           | Registered Agent signat   | ure required whe              | en reinstating)                                     |                      | OATE  |  |
|   |  |  |   |                               |   |                      |   |  |
| Fi  | ilina Fee is \$50.00   |  |   |                               |   | Mak                  | e check payable to                          |  |
| Fi<br>Di  | iling Fee is \$50.00<br>ue by May 1, 2004  |  |   |                               |   |                      | te check payable to<br>a Department of Stat | te                                     |
| Fi<br>D   | iling Fee is \$50.00<br>ue by May 1, 2004<br>MANAGING MEMBEI   | RS/MANAGERS                              | 10.   |                               |   |                      | a Department of Stat                        | te                                     |
| 9.<br>TITLE   | we by May 1, 2004  MANAGING MEMBE  | RS/MANAGERS                              | TITLE   | MGR                           | f-200   | Florida              | a Department of Stat                        | Addition                               |
| 9.  | MANAGING MEMBER MGR LEFF, GARY   |  | TITLE<br>NAME   | MGR<br>Leff,                  | Gaey  | ADDITIONS,           | /CHANGES                                    |  |
| 9. TITLE NAME   | we by May 1, 2004  MANAGING MEMBE  |  | TITLE   | MGB<br>Leff,<br>A14 K         | Gary<br>S. Orter                                    | Florida              | A Department of Star                        |  |
| 9.  IITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE   | MANAGING MEMBE<br>MGR<br>LEFF, GARY<br>440 N. WELLS, SUITE 620   |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MGR<br>Leff,<br>914 N<br>Chic | Gaey<br>S. veres                                    | ADDITIONS            | A Department of Star                        |  |
| 9. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME   | MANAGING MEMBE<br>MGR<br>LEFF, GARY<br>440 N. WELLS, SUITE 620   | ☐ Delete                                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MGB<br>Leff,<br>414 N<br>Chic | Gaey<br>s. veres                                    | ADDITIONS            | CHANGES  Change                             | ☐ Addition                             |
| 9.  IITLE  NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE   | MANAGING MEMBE<br>MGR<br>LEFF, GARY<br>440 N. WELLS, SUITE 620   | ☐ Delete                                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MGR<br>Leff,<br>914 N<br>Chic | Gaey<br>S. veres                                    | ADDITIONS            | CHANGES  Change                             | ☐ Addition                             |
| 9. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | MANAGING MEMBE<br>MGR<br>LEFF, GARY<br>440 N. WELLS, SUITE 620   | ☐ Delete                                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | MGR<br>Leff,<br>414 K<br>Chic | Gaey<br>S. veres                                    | ADDITIONS            | CHANGES  Change                             | Addition                               |
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| 9.  TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE   | MANAGING MEMBE<br>MGR<br>LEFF, GARY<br>440 N. WELLS, SUITE 620   | ☐ Delete                                 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MGR<br>Leff,<br>914 N<br>Chic | Gaey<br>S. Deter                                    | ADDITIONS            | CHANGES Change Change Change                | Addition                               |
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indicated on this report is true and accurate and that my agreement when 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 justee emproyers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STORYING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

\$12-645-1800 x226 Daytime Phone #