


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90014 044 ****50.00

DOCUMENT # L99000008334

1. Entity Name
PALM BEACH RESTAURANT GROUP, L.C.



Principal Place of Business
19501 NE 10 AVENUE, BAY C
N. MIAMI BEACH, FL 33179

Mailing Address
19501 NE 10 AVENUE, BAY C
N. MIAMI BEACH, FL 33179

10104457



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0965405** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, KEITH A
222 LAKEVIEW AVE., STE 800
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name **Midei, James**
Street Address (P.O. Box Number is Not Acceptable)
19501 N.E. 10th Ave, Bay C
City **N. Miami Beach** FL Zip Code **33179**

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 *James Midei* *Managing Member* DATE **3-30-03**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent's signature must be shown in this field.)

FILE NOW WITH FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1, 2003

9. MANAGING MEMBERS / MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------|-------------------------------|--------------------------|---------------------------------|
| MGRM | MIDEI, JAMES | 19601 N.E. 10TH AVENUE, BAY C | N. MIAMI BEACH, FL 33179 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 808, Florida Statutes.

SIGNATURE: *James Midei* *Managing Member* DATE **3-30-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)