

2001 UNIFORM BUSINESS REPORT (UBR)

0017706 AF

DOCUMENT # M00000000359
1. Entity Name
 FLYING TOMATO RESTAURANTS, LLC

FILED
 01 APR 30 PM 6:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 15438 NORTH FLORIDA AVENUE, SUITE 102 200
 TAMPA FL 33613
Mailing Address 15438 NORTH FLORIDA AVENUE, SUITE 102
 TAMPA FL 33613



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
 200 E. CALIFORNIA AVENUE
 Suite, Apt. #, etc.
 SUITE 2
 City & State
 YOUNGSTOWN, OHIO
 Zip Country
 44512 USA

4. FEI Number 52-2218190
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 if applicable. (NOT) Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER EDWARD W. MURANSKY 15438 N. FLORIDA AVENUE, SUITE 200 TAMPA, FLORIDA 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CHRISTINE MURANSKY 15438 N. FLORIDA AVENUE, SUITE 200 TAMPA, FLORIDA 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER CYNTHIA DEBARTOLO 15438 N. FLORIDA AVENUE, SUITE 200 TAMPA, FLORIDA 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *[Signature]* **PCOUI** 4/25/01 330-625-8232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)