

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001728

FILED
Apr 18, 2005
Secretary of State

Entity Name: PREMIER RESTAURANT OPERATIONS, LLC

Current Principal Place of Business:

1840 HIDDEN OAKS DRIVE
GERMANTOWN, TN 38138

New Principal Place of Business:

10842 EGRET POINTE LN.
WEST PALM BEACH, FL 33412 US

Current Mailing Address:

1840 HIDDEN OAKS DRIVE
GERMANTOWN, TN 38138

New Mailing Address:

10842 EGRET POINTE LN.
WEST PALM BEACH, FL 33412 US

FEI Number: 62-1679621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHOURI, ZOILA
10842 EGRET POINTE LN
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: KHOURI, GEORGES
Address: 1840 HIDDEN OAKS DRIVE
City-St-Zip: GERMANTOWN, TN 38138

Title: MGRM () Delete
Name: KHOURI, ZOILA A
Address: 1840 HIDDEN OAKS DRIVE
City-St-Zip: GERMANTOWN, TN 38138

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KHOURI, GEORGES
Address: 10842 EGRET POINTE LN.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM (X) Change () Addition
Name: KHOURI, ZOILA A
Address: 10842 EGRET POINTE LN.
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ZOILA A KHOURI

MGRM

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date