2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # M00000002326 1. Entity Name 04-27-2005 90022 028 ****50.00 ARBY'S HOLDINGS, LLC Principal Place of Business Mailing Address 1000 CORPORATE DR. 1000 CORPORATE DR. FT LAUDERDALE FL 33334-3651 FT LAUDERDALE FL 33334-3651 14001323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 13-3760393 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES PC 00 TITLE ☐ Delete TITLE Change ☐ Addition BENHAM, DOUGLAS N STREET ADDRESS 1000 CORPORATE DRIVE STREET ADDRESS CITY - ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP VP AGC TITLE Delete TITLE Change | ☐ Addition BRAMS, JEFFREY NAME STREET ADDRESS STREET ADDRESS 1000 CORPORATE DR CITY-ST-ZIP FT LAUDERDALE FL 33334 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition GIMSON, CURTIS S STREET ADDRESS STREET ADDRESS 1000 CORPORATE DR. CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33334-3651 VP-TAXES Delete TITLE TITLE ☐ Change Addition THOMAS, KENNETH A CROWE, ROBERT J. NAME NAME 1000 CORPORATE DR. 280 PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33334-3651 CITY-ST-ZIP NEW YORK, NY 10017 S SVP TITLE ☐ Delete TITLE Change ☐ Addition ROSEN, STUART I NAME NAME 280 PARK AVE. STREET ADDRESS STREET ADDRESS NEW YORK NY 10017 CITY-ST-ZIP CITY-ST-ZIP TITLE # ☐ Delete ☐ Addition SINGLETARY, JANE A NAME . NAME 280 PARK AVE.

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

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

NEW YORK NY 10017

STREET ADDRESS

CITY-ST-ZIP

Robert J. Crowe

VP-Taxes

4/19/05

212-451-3115

Daytime Phone #

FILED

Date