


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000804 1. Entity Name RESTAURANT DEPOT ENTERPRISES LLC	
---	---

Principal Place of Business 15-24 132ND STREET COLLEGE POINT, NY 11356-2440	Mailing Address 15-24 132ND STREET COLLEGE POINT, NY 11356-2440
---	---



01062005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3418991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SAX, MICHAEL 2041 N.W. 12TH AVENUE MIAMI, FL 33127
--

**DO NOT WRITE
IN THIS SPACE**

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.) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000189063
01/24/05-80081-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FLEISHMAN, STANLEY 15-24 132ND STREET FLUSHING, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT KIRSCHNER, RICHARD 15-24 132ND STREET FLUSHING, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST EMMERT, BRIAN E 15-24 132ND STREET COLLEGE POINT, NY 11356
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT EMMERT, BRIAN E 15-24 132ND STREET FLUSHING, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAGER, CLARK 15-24 132ND STREET FLUSHING, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COHEN, LAWRENCE 15-24 132ND STREET COLLEGE POINT, NY 11356

**DO NOT WRITE
IN THIS SPACE**

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

1/13/05 (718) 762-8700
Date Daytime Phone #