2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006
Secretary of State

DOCUMENT# M01000000804

Entity Name: RESTAURANT DEPOT ENTERPRISES LLC

Current Principal Place of Business:

15-24 132ND STREET
COLLEGE POINT, NY 113562440

New Principal Place of Business:

Current Mailing Address:

15-24 132ND STREET
COLLEGE POINT, NY 113562440

New Mailing Address:

FEI Number: 11-3418991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAX, MICHAEL
2041 N.W. 12TH AVENUE
MIAMI, FL 33127 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/MANAGERS:

Title:	P	( ) Delete
Name:	FLEISHMAN, STANLEY	
Address:	15-24 132ND STREET	
City-St-Zip:	FLUSHING, NY	
Title:	VAT	( ) Delete
Name:	KIRSCHNER, RICHARD	
Address:	15-24 132ND STREET	
City-St-Zip:	FLUSHING, NY	
Title:	ST	( ) Delete
Name:	EMMERT, BRIAN E	
Address:	15-24 132ND STREET	
City-St-Zip:	COLLEGE POINT, NY 11356	
Title:	VT	( ) Delete
Name:	EMMERT, BRIAN E	
Address:	15-24 132ND STREET	
City-St-Zip:	FLUSHING, NY	
Title:	V	( ) Delete
Name:	PAGER, CLARK	
Address:	15-24 132ND STREET	
City-St-Zip:	FLUSHING, NY	
Title:	VP	( ) Delete
Name:	COHEN, LAWRENCE	
Address:	15-24 132ND STREET	
City-St-Zip:	COLLEGE POINT, NY 11356	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRIAN E EMMERT ST 07/10/2006

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