

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000804

FILED
Jan 05, 2007
Secretary of State

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 ()

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

01/05/2007

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