

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-09-2003 90199 046 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000001365

1. Entity Name
LUCKY'S PIZZA HUTS LLC



Principal Place of Business
1941 NORTH FREMONT
CHICAGO IL 60614

Mailing Address
1941 NORTH FREMONT
CHICAGO IL 60614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number APPLIED FOR

03-0418080

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPIDUS, DENNIS
14864 CRESCENT COVE DRIVE
FT. MYERS FL 33908

Name DENNIS LAPIDUS

Street Address (P.O. Box Number is Not Acceptable)

14601 ~~CRESCENT~~ HIGHLAND HARBOUR CT.

City FT. MYERS

FL

Zip Code 33908

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]*
Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE 1/3/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	MANAGER MR. DENNIS LAPIDUS	1941 N. FREMONT	CHICAGO, IL 60614	☐
				☐
				☐
				☐
				☐

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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]* SIGNATURE REQUIRED

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

1/3/03

Date

773 244-851

Daytime Phone

CP2E083 (10/02)