


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90022 035 ****50.00

DOCUMENT # M04000004840			
1. Entity Name ARBY'S, LLC			
Principal Place of Business 1000 CORPORATE DRIVE FT. LAUDERDALE FL 33334		Mailing Address 1000 CORPORATE DRIVE FT. LAUDERDALE FL 33334	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14001366



1st MOORE CR2E083 (10/04)

4. FEI Number 13-3760393		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		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR - CEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENHAM, DOULAS N			NAME			
STREET ADDRESS	1000 CORPORATE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PELTZ, NELSON			NAME			
STREET ADDRESS	280 PARK AVE.			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10017			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAY, PETER W			NAME			
STREET ADDRESS	280 PARK AVE.			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10017			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	SVP GC AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	GIMSON, CURTIS S.		
STREET ADDRESS				STREET ADDRESS	1000 CORPORATE DRIVE		
CITY-ST-ZIP				CITY-ST-ZIP	FT. LAUDERDALE, FL 33334		
TITLE		<input type="checkbox"/> Delete		TITLE	SVP S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	ROSEN, STUART I.		
STREET ADDRESS				STREET ADDRESS	280 PARK AVENUE		
CITY-ST-ZIP				CITY-ST-ZIP	NEW YORK, NY 10017		
TITLE		<input type="checkbox"/> Delete		TITLE	VP-TAXES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	CROWE, ROBERT J.		
STREET ADDRESS				STREET ADDRESS	280 PARK AVENUE		
CITY-ST-ZIP				CITY-ST-ZIP	NEW YORK, NY 10017		

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: Robert J. Crowe VP-Taxes Date: 4/19/05 Daytime Phone #: 212-451-3115