2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State

04-26-2007 90036 021 ****50.00

DOCUMENT # M06000004383

1. Entity Name

RESTAURANT ASSOCIATES, LLC

Principal Place of Business	Mailing Address
120 WEST 45TH STREET NEW YORK FL 10036	120 WEST 45TH STREET NEW YORK FL 10036

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
330 Fifth Ave		c/o Tax Dept	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
5th Floor		2400 Yorkmont Rd	
City & State		City & State	
New York NY		Charlotte NC	
Zip 10001	Country USA	Zip 28217	Country USA

4. FEI Number 54-2107225 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESTAURANT ASSOCIATES, INC. 120 WEST 45TH STREET NEW YORK NY 10036	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemptions contained in Section 119, 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: C. Phillip Wells C. Phillip Wells 4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT
300|0983

#M06 000004383

RESTAURANT ASSOCIATES LLC

Corporate Data Sheet

Corporation Name: Restaurant Associates LLC

Address: C/O 330 Fifth Avenue, 5th Fl.
New York, NY 10001

Sole Member: **Restaurant Associates Inc.**
300 Fifth Avenue 5th Floor
New York, NY 10001

Authorized signers:

Name	Office	Date Elected
Laurence B. Jones	President & Secretary	October 28, 2004
C. Phillip Wells	Sr. VP	February 2, 2006
John Forrest	Treasurer	March 24, 2003
Richard J. Rossitch	Assistant Secretary	March 24, 2003
Deborah K. Delano	Assistant Secretary	March 24, 2003
Nicole Tharrington	Assistant Secretary	March 24, 2003