File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.							FILED CLOSSING OF STATE			
ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			COMED 29 AMII: 37			
1. Name of Lim	and Mailing Addited Liability Cor	dress mpany DOCI	JMEN.	Г# м98	30000	00451	]			
		AGEMENT CO		L.L.C	·.	11.11	1a. Principal Place of Business Address			
		ARFIELD ROAI GA 30328		99	1-perlus	5995 BARFIELD ROAD ATLANTA GA 30328				
2 Princip	oal Place of Bus	iness	2a. Mai	ng Address			Date Organized or Qualified   3s. State of Formation			
Suite Act H etc			Suite A	e, Apt #, etc.			05/06/1998 GA			
Suite, Apt. #, etc. Su			Julie, A	one, Apr. #, etc.			4. FEI Number Applied For			
City & State			City & S	City & State			58-2307			Not Applicable
Ζιρ		Country	Zφ		Count	ry	5. Date of Last R	eport		onal Fee Required X
	7. Name	and Address of Curren	t Registered	Agent		8. Name	Name and Address	of New Regi	stered Agent	/Office
PLAN  9. Pursua its registe	TATION  ant to the provisited office or region	PINE ISLAND FL 33324  ions of Sections 608 416 stered agent, or both, in tracept the obligations	and 608.508	, Florida Statu		Suite, Apt #, etc	I liability company su	FL bmits this slat	Zip Code	
SIGNATU	JRE	(Flegisterad Agent Acceptors	Appointment) (	NOTE FASISION O	Agent signator	e fedjated where teal shallo		ATE _		and the same of the
Title				Business Street Address				City, State and Zip Code		
MGR	RTM ENTERPRISES, INC.			5995 BARFIELD ROAD			D	ATLANTA GA		
							<b>T</b> TO <b>T</b>	- 1471	47/44{	լա, բելա, 5 իլունց 0,24 