


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 11 AM 10:57	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company SPECIALTY RESTAURANT DEVELOPMENT, L.L.C. 14235 W. 123RD ROAD OLATHE KS 66062		DOCUMENT # M98000001293 1a. Principal Place of Business Address 14235 W. 123RD ROAD OLATHE KS 66062			
2. Principal Place of Business 1001 N. Lake Destiny Rd Suite, Apt. #, etc. 100 City & State Maitland FL Zip 3281 Country USA		2a. Mailing Address 1001 N. Lake Destiny Rd Suite, Apt. #, etc. 100 City & State Maitland FL Zip 32751 Country USA		3. Date Organized or Qualified 11/02/1998 3a. State of Formation MO 4. FEI Number 43-1830622 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center;">FL</div>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when named in report)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	GUSTIN, ABE	See above 14235 W 123RD ROAD		OLATHE KS	
MGRM	TAYLOR, GUY	14235 W 123RD ROAD		OLATHE KS	
MGRM	GUSTIN, GREG	14235 W 123RD ROAD		OLATHE KS	
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11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____ 3-4-99 407-661-3151					