FILED FOR PROFIT CORPORATION May 09, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P99000 0 88958 05-09-2002 90012 048 ***150.00 Sunstate Rostaurant Management #11 Inc. DO NOT WRITE IN THIS SPACE R0092951 2. Principal Place of Business 3. Mailing Address 1777 St. Pauls 1777 SL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Mearwater 59-360175 Cleanader Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Konald Crai DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City 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. January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address SIGNATURE:

Daytime Phone #

CR2E034B (12/01)