


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90151 023 ****50.00

DOCUMENT # L02000027956	
1. Entity Name RIVER GRILLE, LLC	

Principal Place of Business 950 N. US HIGHWAY 1 ORMOND BEACH, FL 32174	Mailing Address 457 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114
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2. Principal Place of Business	3. Mailing Address 1042 N. US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 11
City & State	City & State ORMOND BEACH, FL
Zip	Country
32174	USA



02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR 51-0480304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GORNT0, L.A. JR, ESQ 149 S. RIDGEWOOD AVENUE, STE. 550 DAYTONA BEACH, FL 32114	
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7. Name and Address of New Registered Agent	
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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOMOKA RIVER GRILLE MANAGMENT, LLC PO BOX 731233 ORMOND BEACH, FL 32173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOMOKA RIVER GRILLE MANAGEMENT, LLC 1042 N. US 1 ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ed Schwarz **ED SCHWARZ** 2/24/04 386-671-1830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #