


2004 LIMITED LIABILITY COMPANY REGISTERED ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90015 011 ****50.00

DOCUMENT # L02000030285

1. Entity Name
 CHICKS IN PARADISE, LLC



| | |
|---|---|
| Principal Place of Business 3436 DUCK AVE. KEY WEST, FL 33040 | Mailing Address 3436 DUCK AVE. KEY WEST, FL 33040 |
|---|---|

DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 11-3664107 | 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

VILLOCH, MARGARITA
 33 BOULDER DRIVE
 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

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)

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VILLOCH, MARGARITA 33 BOULDER DRIVE KEY WEST, FL 33040 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TARANTINO, JOANNE 1415 GRINNELL STREET KEY WEST, FL 33040 |
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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: Joanne Tarantino (JOANNE TARANTINO) 1/16/04 305-295-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #