


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90108 022 ****50.00

DOCUMENT # L04000070914

1. Entity Name
LAMONTE CAFE, LLC



Principal Place of Business Mailing Address

C/O J. PAUL RAYMOND, ESQ.
 625 COURT STREET
 CLEARWATER FL 33756

C/O J. PAUL RAYMOND, ESQ.
 625 COURT STREET
 CLEARWATER FL 33756

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
11-3731793

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
625 COURT STREET
CLEARWATER FL 33756

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE NAME	Carol Lamonte, owner <input type="checkbox"/> Delete
STREET ADDRESS	2118 Oak Hill Dr
CITY-ST-ZIP	Jalrico FL 33594
TITLE NAME	Nancy Lamonte, owner <input type="checkbox"/> Delete
STREET ADDRESS	1929 11th St. North
CITY-ST-ZIP	St. Pete FL 33704
TITLE NAME	Ben Lamonte, owner <input type="checkbox"/> Delete
STREET ADDRESS	4201 San Juan
CITY-ST-ZIP	Tampa FL 33629
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *K. Carol Lamonte* Date: 2/20/05 Daytime Phone #: 813 689 0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #