

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
May 07, 2004 08:00 AM  
Secretary of State

**DOCUMENT # L02000020729**

1. Entity Name  
19 PUB & GRILLE, LLC



Principal Place of Business 4400 FAIRWINDS DR. FORT PIERCE, FL 34946	Mailing Address 4400 FAIRWINDS DR. FORT PIERCE, FL 34946
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01282004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0421436	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

ROHN, CINDY  
4400 FAIRWINDS DR  
FORT PIERCE, FL 34946

**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 registering)

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

U00000158277  
05/07/04-80015-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Z GOLF COURSE FOOD & BEVERAGE ADVISORS, LLC 79 DAILY DRIVE, #300 CAMARILLO, CA 93010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* *Sohaw W. Zarucka* *3/4/04* *805 3880281*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #