

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 22, 2006 8:00 am
Secretary of State

05-03-2006 90033 050 ****50.00

DOCUMENT # L05000074416			
1. Entity Name CEVICHE TAPAS BEACH DRIVE, LLC			
Principal Place of Business 3413 GRAY COURT TAMPA, FL 33609 US		Mailing Address 3413 GRAY COURT TAMPA, FL 33609 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIS, GORDON 3413 GRAY COURT TAMPA, FL 33609		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 reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, GORDON 3413 GRAY COURT TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.			
SIGNATURE: <i>X Gordon Davis</i>		Date: <i>4/27/06</i> Daytime Phone #: <i>813-253-5927</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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04282008 Chg-LLC CR2E083 (11/05)

4. FEI Number *20-3243090* Applied For
Not Applicable

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