

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/8/2003-90076-001-550.00-550.00


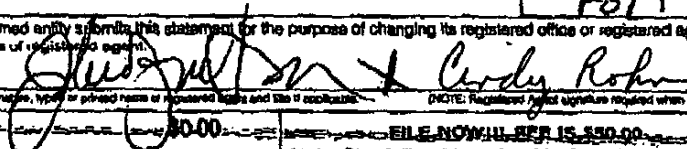
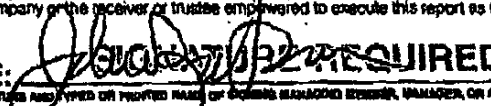
FILED

03 OCT 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C 200303

CP2003 (1/03)

DOCUMENT # L02000020729			
1. Entity Name 19 PUB & GRILLE, LLC			
Principal Place of Business 79 DAILY DRIVE, #300 CAMARILLO CA 93010		Mailing Address 79 DAILY DRIVE, #300 CAMARILLO CA 93010	
4400 2. Principal Place of Business 19 Pub & Grille Dr Fairwinds Dr		2. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Pierce FL		City & State FL	
Zip 34946		Country	
Country		Country	
4. FBI Number 51-0421436		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORRECT AGENTS, INC. 103 N. MERIDIAN STREET LOWER LEVEL TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Candy Rahn Street Address (P.O. Box Number is Not Acceptable) 4400 3443 Fairwinds Dr City Fort Pierce FL Zip Code 34946	
8. The above named entity sponsors 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 7/26/03	
30.00		FILE NOW!!! FEE IS \$50.00	
Make Check Payable to Florida Department of State Due By September 24, 2003			
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete Z GOLF COURSE FOOD & BEVERAGE ADVISORS, LLC 79 DAILY DRIVE, #300 CAMARILLO CA 93010	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input 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
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: 		Date 7/26/03 Deline Phone # 8053880784	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			