2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002345

1. Entity Name
BONITA STEAK HOUSE, L.L.C.

Principal Place of Business	Mailing Address
1473 PERIWINKLE WAY SANIBEL, FL 33957	1473 PERIWINKLE WAY SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

03152004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
31-1676190	Not Applicable

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

6. Name and Address of Current Registered Agent

PRITCHARD, WILLIAM L
1473 PERIWINKLE WAY
SANIBEL, FL 33957

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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_____

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

Filing Fee is $50.00
Due by May 1, 2004

U00000093719
03/22/04-80030-004 550.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	PRITCHARD, WILLIAM L
STREET ADDRESS	4697 RUE BELLE MER
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MEM
NAME	PRITCHARD, ROGER C
STREET ADDRESS	1345 EAGLE RUN
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MEM
NAME	GAETA, PAUL F
STREET ADDRESS	989 DIXIE BEACH RD.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MEM
NAME	GAETA, MARGARETA
STREET ADDRESS	989 DIXIE BEACH RD.
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _William L. Pritchard_   3/19/04

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