


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000002346 |  |
| 1. Entity Name NAPLES STEAK HOUSE, L.L.C. | |

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

DO NOT WRITE IN THIS SPACE



03152004 No Chg-LLC CR2E083 (10/03)

| | |
|-----------------------------|--|
| 4. FCI Number 31-1676742 | 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 PRITCHARD, WILLIAM L 1473 PERIWINKLE WAY SANIBEL, FL 33957 |
|---|

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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

U00000093716
03/22/04-80030-004 550.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRITCHARD, WILLIAM L 1473 PERIWINKLE WAY SANIBEL, FL 33957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRITCHARD, ROGER C 1473 PERIWINKLE WAY SANIBEL, FL 33957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAETA, PAUL F 1473 PERIWINKLE WAY SANIBEL, FL 33957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAETA, MARGARETA 1473 PERIWINKLE WAY SANIBEL, FL 33957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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)(f), 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: <u>Wm Pritchard</u> | Date: <u>3/19/04</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | |