

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 30, 2006 8:00 am
Secretary of State

S/4

05-04-2006 90032 013 ****50.00

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



02142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

31-1676742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees 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

Wm L Pritchard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:

Wm L Pritchard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #