

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000002350

1. Entity Name
THE FORT MYERS 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. FEI Number
65-0961359

Applied For
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**

**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 _____

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**

U00000093720
03/22/04-80030-004 550.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	PRITCHARD, WILLIAM L
STREET ADDRESS	1473 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MEM
NAME	PRITCHARD, ROGER C
STREET ADDRESS	1473 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MEM
NAME	GAETA, PAUL
STREET ADDRESS	1473 PERIWINKLE WAY
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	MEM
NAME	GAETA, MARGARETA
STREET ADDRESS	1473 PERIWINKLE WAY
CITY-ST-ZIP	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)(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: *W. Pritchard*

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

Date

Daytime Phone #

3/19/04