

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

5/4

05-04-2006 90032 007 ****50.00

DOCUMENT # L00000002353

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



Principal Place of Business
1473 PERIWINKLE WAY
SANIBEL, FL 33957

Mailing Address
1473 PERIWINKLE WAY
SANIBEL, FL 33957



02142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0961357

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

Wm Pritchard

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

(NOTE: Registered Agent signature required when reappointing)

2/20/06

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PRITCHARD, WILLIAM L
STREET ADDRESS	1473 PERIWINKLE WAY
CITY - ST - ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	PRITCHARD, ROGER C
STREET ADDRESS	1473 PERIWINKLE WAY
CITY - ST - ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	GAETA, PAUL F
STREET ADDRESS	1473 PERIWINKLE WAY
CITY - ST - ZIP	SANIBEL, FL 33957
TITLE	MGRM
NAME	GAETA, MARGARETA F
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 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 Pritchard

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

Date

Daytime Phone #