

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90315 015 \*\*\*\*50.00

**DOCUMENT # L00000007149**

1. Entity Name

**DURANGO STEAKHOUSE OF NEW TAMPA, LLC**



Principal Place of Business

**2325 ULMERTON ROAD, SUITE 20  
CLEARWATER, FL 33762**

Mailing Address

**2325 ULMERTON ROAD, SUITE 20  
CLEARWATER, FL 33762**

**24014886**



01232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**30-0125899**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, GREGORY D  
2325 ULMERTON ROAD, SUITE 20  
CLEARWATER, FL 33762**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MORRIS, GREG  
2325 ULMERTON ROAD, SUITE 20  
CLEARWATER, FL 33762**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BULLARD, FRED B JR.  
2325 ULMERTON RD., STE 20  
CLEARWATER, FL 33762**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**GREGORY D. MORRIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/7/04**

Date

**7275766424**

Daytime Phone #