2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE:



FILED

Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90027 034 ****50.00

TAMPA HYDE PARK CAFE' PROPERTIES, LLC Principal Place of Business Mailing Address ~~~~~~~7 **1801 WEST PLATT STREET** 701 SOUTH HOWARD AVE #106-388 TAMPA, FL 33606-1838 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 59-3658455 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1801 WEST PLATT STREET TAMPA, FL 33606 City Zip Code FL 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, 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, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE TITLE Delete ☐ Change ☐ Addition SCOTT, CHRISTOPHER NAME NAME STREET ADDRESS 1801 WEST PLATT STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Channe ☐ Addition ORTIZ, THOMAS NAME NAME 1801 WEST PLATT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33606 CITY-ST-ZIP TITLE TITLE MGRM Addition ☐ Defete Change Peter Hannouche 1801 West PlattStreet NAME NAME STREET ADDRESS STREET ADDRESS Tampa, FL 33606 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE MG RM ☐ Change Addition NAME Inthony Tahmash 1801 West Platt Street Tampa, FL 33606 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.