

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90282 010 ****50.00

DOCUMENT # L00000009189

1. Entity Name
FULL PLATE HOSPITALITY I, L.L.C.



Principal Place of Business
**808 W. HOWARD AVENUE
TAMPA, FL 33606**

Mailing Address
**1215 W. BRANDON BLVD
BRANDON, FL 33511**

DO NOT WRITE IN THIS SPACE



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
52-2261540

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ALDEN, MICHAEL H ESQ~~
~~847 SAN CARLOS AVENUE NE~~
~~SAINT PETERSBURG, FL 33702~~

Skokos, Peter Z
181 Main Street
Ste 610
Sarasota FL 34236

**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

4-30-04

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PALUZZI, PAUL
9415 BLIND PASS RD. SUITE 204
ST PETERSBURG, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MCHALE, THOMAS
5310 AMBROSE COURT
TAMPA, FL 33647**

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 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:

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

Date

Daytime Phone #

Paul Paluzzi

4/28/04

*727
692 1161*