


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009190 1. Entity Name FULL PLATE HOSPITALITY MANAGEMENT SERVICES, L.L.C.					
Principal Place of Business 1215 W. BRANDON BLVD. BRANDON, FL 33511			Mailing Address C/O PAUL PALUZZI 9415 BLIND PASS RD. #204 SAINT PETERSBURG, FL 33706		
2. Principal Place of Business 605 S. Freemont Avenue		3. Mailing Address 605 S. Freemont Avenue			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 52-2261538	
Zip 33606		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SKOTOS, PETER Z 1819 MAIN ST., STE 610 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALUZZI, PAUL 9415 BLIND PASS ROAD, SUITE 204 ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCHALE, THOMAS 5310 AMBROSE COURT TAMPA, FL 33647 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ Date _____ Daytime Phone # _____					



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