

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-20-2004 90282 012 \*\*\*\*50.00

**DOCUMENT # L00000009191**

1. Entity Name  
**FULL PLATE HOSPITALITY PROPERTIES, L.L.C.**



Principal Place of Business  
**1215 W. BRANDON BLVD.  
BRANDON, FL 33511**

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

**24076719**



04202004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-2261535**

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.~~ *Skokos, Peter Z.*  
~~847 SAN CARLOS AVE NE~~  
~~SAINT PETERSBURG, FL 33702~~ *1819 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 ROAD, SUITE 204 ST. PETE BEACH, 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	
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:**

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

Date

Daytime Phone #

*PAUL PALUZZI*

*4/28/04*

*727-692-1161*