2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNOAL REPORT							77			
DOCUMENT # L0000009191 1. Entity Name							F 1 =			
FULL PLATE HOSPITALITY PROPERTIES, L.L.C.						05	APR 20 PM	1 4: 09		
							1,4,	: 4 *~		
Principal Place			Mailing Address			IALI	ATTASSEE, F	SIAIE LODID		
1215 W. BRA		ָּדָרָ.	1215 W. BRANDON BLVD				im tory 1	LORIDA		
BRANDON; FI	C 22211-		BRANDON, FL. 33511							
							III Brit Brit Brit Brit Brit B		1831 III 1831	
2. Principal P	lace of Busir	ness	3. Mailing Address							
· ·		mont Avenue	605 S. Freemont Avenue			110	10 11 11 11 11 11 	!!! ##!!! ##!!# !#!#! \$\#!# !#!#! \$\	B B B 1 III 1 I B B I	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			04062005	Chg-LLC	OD05000 (40/00)		
Suite	В		Suite B			04002003	Crig-LLC	CR2E083 (10/03)		
City & State			Suite B City & State			4. FEI Numi		[A	pplied For	
Tampa, FL 33606			Tampa, FL 33606			55-22	61535		ot Applicable	
Zip	Country		Zip Coun		itry	5. Certificat	e of Status Desired	□ \$5.00 Ad	ditional	
				J				Fee Require	ed	
	b. Name	and Address of Current F	legistered Agent Name			7. Name an	7. Name and Address of New Registered Agent			
SKOKOS, PETER Z										
1819 MAIN			Stree			ess (P.O. Box Num	ber is Not Acceptabl	e) .		
STE. 610										
SARASOT.	A, FL 342	236								
ļ					City			FL Zip Coo	de	
O The share		a baile this statement for	4					1		
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 as	nd title if applicable. {NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE		
	<u> </u>						T			
		is \$50.00 y 1, 2005						re check payable to a Department of Stat	e	
9.		MANAGING MEMBER	I	10.			ADDITIONS	/CHANGES		
TITLE	MGRM		☐ Defete	TITL	<u> </u>	•		Change	Addition	
NAME	PALUZZI,	PAUL		E						
STREET ADDRESS	9415 BLIN	ND PASS ROAD, SUITE	204	ET ADDRESS						
CITY-ST-ZIP	ST. PETE	BEACH, FL 33706		-ST-ZIP						
TITLE	MGRM		☐ Delete	TITL	E			☐ Change	Addition	
NAME	MCHALE,	, THOMAS			iE					
STREET ADDRESS	i	BROSE COURT			ET ADDRESS					
CITY-ST-ZIP	TAMPA, F	FL 33647		CITY	-ST-ZIP					
TITLE			☐ Delete 11ft		E			☐ Change	Addition	
NAME					iE	r	100054	690280		
STREET ADDRESS					ET ADDRESS	ADDRESS 05/17		690280 1001 **21	1.25	
CITY-ST-ZIP					-ST-ZIP					
TITLE			Delete	TITL	I			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM	ie Eet address					
CITY-ST-ZIP					-ST-ZIP					
		 .	П					["] At		
TITLE NAME			☐ Delete	TITL	ſ			☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	TITLI				Change	☐ Addition	
NAME			I Delete	NAM	I			El Analde	C) ADDITION	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	- ST-ZIP					
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information										
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 shalf 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 yous example amovered to execute this report as required by Chapter 608, Florida Statutes.										
minute massing semiperity of the reservor or respective to respect to sequinously or lapter out, Fiorital Statisties.										
I/A = I/A										
SIGNAT	URE: _	<i> </i>	1	\mathcal{V}^{\vee}	<u> </u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Proce #										