


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L00000009191</b> 1. Entity Name FULL PLATE HOSPITALITY PROPERTIES, L.L.C.						<b>FILED</b> <b>05 APR 20 PM 4:09</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1215 W. BRANDON BLVD.</b> <b>BRANDON, FL 33511</b>				Mailing Address <b>1215 W. BRANDON BLVD.</b> <b>BRANDON, FL 33511</b>			
2. Principal Place of Business <b>605 S. Freemont Avenue</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Tampa, FL 33606</b> Zip Country				3. Mailing Address <b>605 S. Freemont Avenue</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Tampa, FL 33606</b> Zip Country			
4. FEI Number <b>55-2261535</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SKOKOS, PETER Z</b> <b>1819 MAIN ST.</b> <b>STE. 610</b> <b>SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____							
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PALUZZI, PAUL	NAME					
STREET ADDRESS	9415 BLIND PASS ROAD, SUITE 204	STREET ADDRESS					
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	CITY-ST-ZIP					
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MCHALE, THOMAS	NAME					
STREET ADDRESS	5310 AMBROSE COURT	STREET ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		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.							
<b>SIGNATURE:</b> _____							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							
Date _____ Daytime Phone # _____							