

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L00000009191

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



Principal Place of Business
605 S. FREEMONT AVENUE
SUITE B
TAMPA, FL 33606

Mailing Address
605 S. FREEMONT AVENUE
SUITE B
TAMPA, FL 33606



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-2261535	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SKOKOS, PETER Z
1819 MAIN ST.
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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/29/07-80033-013 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

5/1/07

Date

813-541776

Daytime Phone #