2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L00000013865

Entity Name: TAMPA PALM RESTAURANT, LLC

Current Principal Place of Business:

205 WEST SHORE PLAZA
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

C/O PALM MANAGEMENT CORPORATION
1730 RHODE ISLAND AVE. NW, STE. 900
WASHINGTON, DC 200363101

New Mailing Address:

FEI Number: 52-2303931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GANZI, WALTER J JR.	
Address:	8171 BAY COLONY DRIVE #1902	
City-St-Zip:	NAPLES, FL 34108	
Title:	MGRM	( ) Delete
Name:	BOZZI, BRUCE E	
Address:	2161 GULF OF MEXICO DRIVE	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	MGR	( ) Delete
Name:	JAMES, LONGO A	
Address:	410 S WEST	
City-St-Zip:	FALLS CHURCH, VA 22046	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A. LONGO MGR 04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date