2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 20, 2005 08:00 AM Secretary of State **DOCUMENT # L00000014268** GECKO'S SMOKEHOUSE, L.L.C. Mailing Address Principal Place of Business _ 4870 TAMIAMI TRAIL SOUTH 4870 TAMIAMI TRAIL SOUTH SARASOTA, FL 34231 SARASOTA, FL 34231 02212005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1051635 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REINICKE, STEPHANIE A DO NOT WRITE 1800 SECOND STREET, SUITE 803 SARASOTA, FL 34236 IN THIS SPACE 5. 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 Signature, typod or printed name of registered agent and life if applicable. (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE QUILLEN, MICHAEL L NAME STREET ADDRESS 4870 TAMIAMI TRAIL SOUTH U00000318882 04/20/05-80076-010 50.00 SARASOTA, FL 34231 CITY-ST-ZIP TITLE GOWAN, MICHAEL T NAME STREET ADDRESS 4870 TAMIAMI TRAIL SOUTH CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY - ST - 718 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED