

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 10, 2005  
Secretary of State**

DOCUMENT# L01000001956

Entity Name: AMANDA'S BY THE BAY, L.C.

**Current Principal Place of Business:**

719 GLENGARRY DRIVE  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

719 GLENGARRY DRIVE  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 65-1072550      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GRAHAM, DAVID L  
719 GLENGARRY DRIVE  
MELBOURNE, FL 32940      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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: GRAHAM, DAVID L  
Address: 719 GLENGARRY DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR      ( ) Change (X) Addition  
Name: GRAHAM, ELLEN  
Address: 719 GLENGARRY DRIVE  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELLEN GRAHAM

MGR

01/10/2005

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