

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 23, 2006 8:00 am
Secretary of State

06-23-2006 90139 010 ****50.00

DOCUMENT # L01000005411

1. Entity Name
MANATEE'S STEWART STREET GRILLE, L.L.C.



Principal Place of Business
**1904 CYPRESS STREET
PENSACOLA, FL 32501**

Mailing Address
**1904 CYPRESS STREET
PENSACOLA, FL 32501**

DO NOT WRITE IN THIS SPACE



06112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KNUDSEN, DAVID W
1904 CYPRESS STREET
PENSACOLA, FL 32501**

**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 **DAVID W. KNUDSEN**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/14/06
DATE

**Filing Fee is \$50.00
Due by September 8, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNUDSEN, DAVID W 1904 CYPRESS STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERIC D. KNUDSEN 1624 SCOTT CT GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: **DAVID W. KNUDSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/14/06 850 981-1464
Date Daytime Phone #