

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000010837

FILED  
Mar 19, 2003  
Secretary of State

**Entity Name:** CRABBY BILL'S KEY WEST SEAFOOD RESTAURANT, LLC

**Current Principal Place of Business:**

THE KRESS BUILDING, SUITE M-8  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST L. MASCARA, PA  
475 CENTRAL AVENUE, SUITE M8  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 59-3731608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE M-8  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 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: MGR ( ) Delete  
Name: LODER, MATTHEW  
Address: 401 GULF BOULEVARD  
City-St-Zip: INDIAN ROCKS BEACH, FL 34635 US

Title: MGR ( ) Delete  
Name: POWERS, GREGORY  
Address: 401 GULF BOULEVARD  
City-St-Zip: INDIAN ROCKS BEACH, FL 34635 US

**ADDITIONS/CHANGES:**

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 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: GREGORY POWERS

MGR

03/19/2003

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