

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012122

Entity Name: EPICURUS, LLC

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

270 1RST AVENUE NORTH  
ST PETERSBURG, FL 33701

## New Principal Place of Business:

## Current Mailing Address:

1181 SUMTER BLVD  
108  
NORTH PORT, FL 34287

## New Mailing Address:

FEI Number: 65-1123308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TSIOGAS, DIMITRIOS  
1181 SUMTER BLVD  
108  
NORTH PORT, FL 34287 US

## Name and Address of New Registered Agent:

TSIOGAS, DIMITRIOS  
6638 KENWOOD DR  
NORTH PORT, FL 34287 US

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: DIMITRIOS TSIOGAS

04/25/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: REILLY, ROBERT M  
Address: 515 OSPREY AVE  
City-St-Zip: SARASOTA, FL 34235

Title: MGRM ( ) Delete  
Name: TSIOGAS, DIMITRIOS  
Address: 1181 SUMTER BLVD  
City-St-Zip: NORTH PORT, FL 34287

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: TSIOGAS, DIMITRIOS  
Address: 6638 KENWOOD DR  
City-St-Zip: NORTH PORT, FL 34287

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: DIMITRIOS TSIOGAS

MGRM

04/25/2005

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