

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013017

1. Entity Name
CORAL GABLES PALM RESTAURANT, LLC



Principal Place of Business

**C/O PALM MANAGEMENT CORPORATION
1730 RHODE ISLAND AVE. NW, STE. 900
WASHINGTON, DC 20036-3101**

Mailing Address

**C/O PALM MANAGEMENT CORPORATION
1730 RHODE ISLAND AVE. NW, STE. 900
WASHINGTON, DC 20036-3101**



01212004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0639169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000022314
01/30/04-80040-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GANZI, WALTER J JR.
STREET ADDRESS	3246 BANK MILL RD.
CITY-ST-ZIP	AIKEN, SC 29803
TITLE	MGRM
NAME	BOZZI, BRUCE E
STREET ADDRESS	15-11 GULF OF MEXICO DR.
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	MGR
NAME	LONGO, JAMES
STREET ADDRESS	1730 RHODE ISLAND AVE NW #900
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	MGR
NAME	THIMM, FRED
STREET ADDRESS	3908 MACOMB ST NW
CITY-ST-ZIP	WASHINGTON, DC 20016
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 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 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:

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

Date

Daytime Phone #

1/27/04 202 775-7256