


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State


04-16-2004 90410 046 ****50.00

DOCUMENT # L01000013221	
1. Entity Name FAT KATZ PUB, LLC	

Principal Place of Business 4510 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948	Mailing Address 4510 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948
---	---

2. Principal Place of Business 125 S. Indiana Ave Suite, Apt. #, etc.	3. Mailing Address 4510 Wynkoop Cir Suite, Apt. #, etc.
--	--

City & State Englewood FL	City & State Pt. Charlotte FL
Zip 34223	Country Sarasota
Zip 33948	Country Charlotte

	
02252004 Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1127331	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEWICKI, PAUL E 125 SOUTH INDIANA AVE. ENGLEWOOD, FL 34223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWICKI, PAUL E		NAME	
STREET ADDRESS 4510 WYNKOOP CIRCLE		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWICKI, ANDREA M		NAME	
STREET ADDRESS 4510 WYNKOOP CIRCLE		STREET ADDRESS	
CITY-ST-ZIP PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Paul E. Lewicki **PAUL E. LEWICKI** **4-14-04** **941-629-7726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #