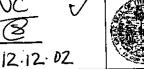
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



05-02-2003 90757 034 ****50.00

FILED

May 02, 2003 8:00 am Secretary of State

DOCUMENT # L01000013545 1. Entity Name BISQUE-ITZ, LLC

Principal Place of Business 1250 BEACH DRIVE, N.E. ST. PETERSBURG, FL 33701		Mailing Address 1250 BEACH DRIVE, N.E. ST. PETERSBURG, FL 33701		4 100 HOLE ON TOTAL SIGN OF SING OF	II Bul ki 1 (96)	• 454 0 6 1111 - 6 1	181 8111 18 8 1
2. Principal Pla	ice of Business	3. Mailing Address				.	
2710 4th St. N.		2710 4th St. N.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		A CHECK HERE IF	MAKING C	HANGES	
•	<u></u>					Ann	ied For
City & State		City & State	77*	4. FEI Number 59-3738363		_ 	Applicable
St. Pe	tersburg, FL	St. Petersbu				5.00 Additi	
Zip	Country	Zip	Country	5. Certificate of Status Desired		e Required	-
-337 <u>04</u> -	USA USA	33704	<u>USA</u>	7. Name and Address of New Reg	istered Ag	ent	
	6. Name and Address of Current	Hegistered Agent	Name				
SADORF, RI 696 FIRST A ST PETERSI	CK W ESQ. VENUE NORTH, STE. 201 BURG, FL 33701		Street Add	ress (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code	
The above the obligation	named entity submits this statement for ons of registered agent.	or the purpose of changing its	s registered office or re	gistered agent, or both, in the State of Flori	da. Iam fa	miliar with, a	nd accept
SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature	required when reinstating)	CATE		
S .	MANAGING MEMB	Make Check Paya Du ERS/MANAGERS	NOW!!! FEE IS \$50 bie to Florida Depa le By May 1, 2003	ADDITIONS/O		☐ Change	X Addition
TITLE	MGRM	Delete .	TITLE	Jones, Kristen	-		
į NAME	KIRK, DAVID		NAME STREET ADORESS	125 12th Ave. N. Apt.	A		
TREET ADDRESS	2710 4TH ST N	N 4	CITY-ST-ZIP	St. Petersburg, FL 33	3701		
CITY-ST-ZIP	SAINT PETERSBURG, FL 3370		_	Dt. 1000100013, 1= 1		☐ Change	☐ Addition
TITLE	MGRM	Ď Delete	TITLE NAME				
NAME	KIRK, BARBARA		STREET ADDRESS				
STREET ADDRESS	2710 4TH ST N	n.	City-s1-ZIP				
CITY-ST-ZIP	SAINT PETERSBURG, FL 3370		TIPLE -			. Change	☐ Addition
1/1/E	MGRM		NAME				
NAME	CHESTEEN, JULIE		STREET ADDRESS				
STREET ADDRESS	2710 4TH ST N SAINT PETERSBURG, FL 3370	na .	CITY -ST - ZIP				
CITY-ST-ZIP	SAINT PETERSBORG, TE SOIL	Delete	TITLE			☐ Change	☐ Addition
TITLE		□ vaee	NAME				
NAMÉ	}		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
CIIT-SI-ZIF		☐ Delete	TIBLE			☐ Change	☐ Addition
TITLE		- Proble	NAME				
NAME	` · · ·	•	STREET ADDRESS				
STREET ADDRESS CITY-51-ZIP		,	CITY-ST-2IP	.9			
		→ Delete	a TITLE	and the state of t		Change	Addition
TITLE			NAME	Start San Comment			
NAME , _			STREET ADDRESS	Control of the Control of Control	:		
STREET ADDRESS			CITY-ST-ZIP				
CITY-ST-ZIP				ed in Section 119 07/3Yi) Florida Statutes.	further cer	tify that the i	nformation

11. I hereby certify that the information supplied with this filling 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.

Dailyour Mi

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

Daytime Phone #