LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBF)

DOCUMENT # L010000 15440

FILED May 15, 2002 8:00 am Secretary of State

BLUE WATERS GRILL, LLC	V .	05-15-2002 90138	3 005 ****50.00
Blue WATERS GRILL, LLC	- :	~ · · · · · · · · · · · · · · · · · · ·	
DO NOT WRITE IN THIS S	PACE	ਚ	v 1 0 3 0
2. Principal Place of Business 265 CAUSEWAY BLVD. 3. Mailing Address SAME	.		
Suite, Apt. #, etc. Suite, Apt. #, etc.	<u> </u>	DO NOT WRITE IN TH	· HIS SPACE
City & State City & State City & State		4. FEI Number	Applied For
Zip Country Zin	Country	65-1149151 5. Certificate of Status Desired □	Not Applicable \$5.00 Additional
34698 PINELLAS		7 Name and Address of Current Reside	Fee Required
DO NOT-WRITE	Name 6 us	Mosturis	
IN THIS SPACE	Street Address (F	Street Address (P.O. Box Number is Not Acceptable) CO BLUE WATERS GRILL	
III TIIIG GI AGE	265	CAUSEWAY BUV	λ.
9 The characteristics the state of the state	City DUNE		L Zip Code 34698
8. The above named entity submits this statement for the purpose of changing its SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	registered office or registere		130/02
Make Check Pa	FEE IS \$50.00 yable to Department of DUE BY MAY 1	State	
9. MANAGING MEMBERS/MANAGERS	TITLE		
NAME STREET ADDRESS AGUS MOSHURIS AGUS ASSTREET ST. PETERSBURG, 7133713	NAME STREET ADDRESS CITY-ST-ZIP		
ITTLE MORM —	TITLE		
STREET ADDRESS 400 TSLAND WAY	NAME STREET ADDRESS		
TILE CLEARWATER, 7L 33767	CITY-ST-ZIP		
IAME TREET ADDRESS (NAME		
ITY_SI-ZIP	STREET ADDRESS CITY-ST-ZIP	DO NOT WR	ITE
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AME TREET ADDRESS	NAME STREET ADDRESS	•	
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TY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		

11. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE