

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

0008688

DOCUMENT # **L01000018184**

Entity Name  
**T. TROPEZ BISTRO, L.L.C.**



05-12-2003 90089 018 \*\*\*\*50.00

Principal Place of Business  
**75 INDIAN RIVER BLVD  
VERO BEACH FL 32960**

Mailing Address  
**2057 INDIAN RIVER BLVD  
VERO BEACH FL 32960**

1. Principal Place of Business  
Suite, Apt. #, etc.

2. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-3751252** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**SEGAL, BARRY G ESQUIRE  
BARRY S. SEGAL, P.C.  
2801 OCEAN DRIVE, SUITE 204  
VERO BEACH FL 32963**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARDNER, JASON</b> <b>2063 INDIAN RIVER BOULEVARD VERO BEACH FL 32960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARDNER, KRISTIN A</b> <b>2063 INDIAN RIVER BOULEVARD VERO BEACH FL 32960</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Barry S. Segal* **Accountant** Date: 4/30/03 Daytime Phone #: 772-279-4722

CR2E083 (10/02)