


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90331 039 *****50.00

DOCUMENT # L01000020699

1. Entity Name
EMERIL'S TCHOUP CHOP, L.L.C.



Principal Place of Business Mailing Address


7575 DR. PHILLIPS BLVD., SUITE 310 7575 DR. PHILLIPS BLVD., SUITE 310
 ORLANDO, FL 32819 ORLANDO, FL 32819

2. Principal Place of Business **N/A** Suite, Apt. #, etc.

3. Mailing Address **829 St. Charles Ave.** Suite, Apt. #, etc.

City & State **New Orleans, LA**

Zip **70130** Country **U.S.A.**



02132004 Chg-LLC CR2E083 (10/03)

4. FEI Number **48-1254698** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RICE, CYNTHIA I ESQ
2201 NORTHEAST COACHMAN ROAD
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name: **N/A**

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 **N/A** DATE _____

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

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMERIL'S HOMEBASE, LLC 829 ST. CHARLES AVENUE NEW ORLEANS, LA 70137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Emeril J. Lagasse III** **Emeril J. Lagasse III, Member** **04-02-04** **504-524-4241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #