

**FILED**  
**Sep 24, 2003 8:00 am**  
**Secretary of State**

5/51

05-05-2003 92173 043 \*\*\*\*50.00  
 09-24-2003 90048 003 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY S/S.  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000003180

1. Entity Name  
 RESTAURANT STREAM, L.C.



90158448

Principal Place of Business  
 2575 ULMERTON ROAD, SUITE 210  
 CLEARWATER FL 33762

Mailing Address  
 2575 ULMERTON ROAD, SUITE 210  
 CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
 02-0687590

Apply  
 Not Ac

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$5.00 Add'l  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHRS, DENIS A  
 2575 ULMERTON ROAD, SUITE 210  
 CLEARWATER FL 33762

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 the obligations of registered agents.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

FILE NOW! FILING SEASON  
 Make Check Payable to the Department of State  
 Due 9/30/03

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	Manager / managing member	<input type="checkbox"/> Delete
NAME	Console, Inc.	
STREET ADDRESS	2010 Hancock St., 2nd Floor	
CITY-ST-ZIP	San Diego, CA 92110	
TITLE	Elite Equities Limited	<input type="checkbox"/> Delete
NAME	2575 Ulmerton Rd., # 210	
STREET ADDRESS	Clearwater, FL 33762	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Manager / managing member	<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
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 ink 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 limited liability company or the auditor or justice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] DATE: 9/29/03

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

Attachment  
90158448  
#L02000003180

DENIS A. COHRS, P.A.  
ATTORNEYS AND COUNSELORS AT LAW

INTERVEST BANK BUILDING • 2575 ULMERTON ROAD • SUITE 210 • CLEARWATER • FLORIDA • 33762

VOICE (727) 540-0001 • FAX (727) 540-0027  
E-MAIL d.cohrs@gte.net

September 22, 2003

Florida Department of State  
Division of Corporations  
Annual Reports Section  
Post Office Box 6478  
Tallahassee, FL 32314

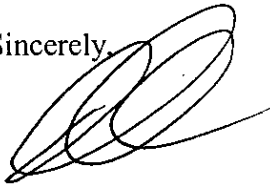
**RE: Restaurant Stream, L.C.**

Dear Sir/Madam:

Enclosed herewith is the annual report of Restaurant Stream, L.C. which was returned to this office to complete the information related to the titles of each manager, managing member or principal listed on the report. Please cause the report to be filed and the company's status to be reflected as active for the current year.

Please call with any questions you may have.

Sincerely,



Denis A. Cohrs

DAC/pb

Enclosure

cc: Restaurant Stream, L.C.