2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006713

1. Entity Name

SAN GELATO CAFE OF SUNSET, LLC



FILED Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

236 Miracle Strip Parkway S.E. Ft. Walton Beach, Fl 32548 236 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548



DO NOT WRITE IN THIS SPACE

04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0007416 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

FLEET, H. BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000

DO NOT WRITE IN THIS SPACE

SHALIMAR, FL 32579-0000		IN THIS SPACE
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. It am familiar with, and accept the obligations of registered agent.		
SIGNATURE Signature tylen or period name of registered agent and Life if appropriate 1907E Registered Agent a gnature renuised when reliabiliting) CATE		
F	ling Fee is \$50.00 ue by May 1, 2004	
9.	MANAGING MEMBERS/MANAGERS	
NAME STREET ADDRESS CITY ST ZIP	MGR TREMOLINI. GUIDO 236 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548	Uppppng 41,045 G4/38774-39994-1077 (Q1,03
TITLE NAME STREET ADDRESS CITY ST ZIP		Amenda in the new transfer of the state of t
TITLE NAME STREET ADDRESS CITY ST ZIP		DO NOT WRITE
ntle Name Street address City St Zip		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST - ZIP		
TITLE		

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:

NAME STREET ADORESS CITY ST-ZIP

URE: NOTIFIED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/04

850)243-5455

Davtime Phone #