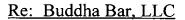
UNIFORM BUSINESS REPORT (UBR)

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|---|--|---|--------------------------------|--|---------------------------------|---|------------------|--------------------------|
| DOCUMENT # L02000014175 | | | | | | 4 | | 2 1 |
| 1. Entity Name | | | | | | 7 | 100 | |
| Buddha Bar, LLC | | | | | | • | 空 | |
| | ٠٧ | ٠, | 03 | | | | 75.75 | |
| Principal Place of Business Mailing Address | | | | | • | 1 | · Fri | |
| 1525 4th Street | | 1525 4th Street | | | | | ~? { | ن ۱۰۰ |
| Sarasota, FL 3423 | 6 | Sarasota, FL 3423 | 36 | | | | (| |
| 2. Principal Place of Business | | 3 Mailing Address | | | r | L // | | T |
| 1525 4th Street | | 1525 4th Street | | | - 1 | $)(\cup)$ | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 1 | <i>y</i> | | |
| City & State | | City & State | | | 4. FEI Num | ber | | Applied For |
| Sarasota, FL | | Sarasota, FL | | | applied for | | | Not Applicable |
| • | County | Zip | County | | 5 Cortifica | te of Status Desired | \$ | 55.00 Additional |
| 34236 | • | 34236 | · | | | | · L F | ee Required |
| 6. Name | and Address of Current | Registered Agent | | 7. Nan Name | ne and Add | ress of New Registe | ered Age | nt/Office |
| Monika Tran-Tomlinson | | | | Name | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| • | | | | Suite, Apt. #, etc. | | | | |
| Sarasota, FL 34236 | | | | | | | | |
| | | | | City | | $_{ m FL}$ 2 | Zip Code | |
| 8. The above nam | ned entity submit this | etatement for the pu | rpose of c | hanging its regis | stered office | | nt. or bo | th. in the State of |
| Florida. | SID SK | · | • | 0 0, 0 | | 12-10-6 | | , |
| SIGNATURE | red Agent Accepting Appointment | Knika Tran-Tomlinso (NOTE: Registered Ages | | | DATE | 12-10-6 | <u> </u> | |
| (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1 | | FEE IS \$50. | 00 | | | |
| Make Check Payable | | | | | ı | | | |
| 9. MANAGING MEMBERS/MEMBERS | | | <u>-</u> - | 10. ADDITION/ | /CHANGES | | | |
| TITLE | MGRM Manika Tran Tambasan | | DELETE | TITLE NAME | | | | CHANGE |
| NAME STREET ADDRESS CITY - ST - ZIP | Monika Tran-Tomlinson 1525 4th Street Sarasota, FL 34236 | | | STREET ADDR CITY - ST - ZIP | ESS | | | ADDITION |
| TITLE | 3alasota, FL 34230 | | DELETE | TITLE | | | | CHANGE |
| NIAME | NOW A COMP A SET A. | | | NAME STREET ADDR | Ecc 5 | 5000435 | 55O: | 58 ADDITION |
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| NAME STREET ADDRESS | , | | | STREET ADDR CITY - ST - ZIP | | | | LINDITION |
| CITY - ST - ZIP | | | | L | | | | |
| 11. I hereby certify that the information | that the information suppli indicated on this report is to of the limited hability com | ed with this filing doe run and accurate and t | s not qualify that my sign: | for the exemption ature shall have the | n stated in Se ie same legal | effect as if made und | orida Stati | hat I am a managing |
| | of the limited hability com | pary or the receiver or | trustee emp | owered to execute | this report a | s required by Chapter Davila as attorney-in-fa | ous, Flor act | ida Statutes. 2-10-04 |
| SIGNATURE | | VV | INIOI | TITL TOURIS | vy 1 1. | in an automoy-in-to | | <u> </u> |

L0200014175

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399



Enclosed are the following:

- 1. Uniform Business Report for the company referenced above.
- 2. 100.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

| 2003 and 2004 | |
|--|---|
| Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you. | _ |
| By: by E.S. Davila as attorney-in-fact | |
| Name: Monika Tran-Tomlinson | |
| Title: Manager Date: 12-10-04 | |

BN