

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000014709

**FILED**  
**Mar 27, 2007**  
**Secretary of State**

**Entity Name:** LEATHERBACK'S STEAKHOUSE, LLC

**Current Principal Place of Business:**

15000 MADEIRA WAY  
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

2910 PELHAM ROAD  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

146 BOARDWALK PLACE  
MADEIRA BEACH, FL 33708

**New Mailing Address:**

2910 PELHAM ROAD  
ST. PETERSBURG, FL 33710

**FEI Number:** 04-3688965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LITTLE, MICHAEL G  
911 CHESTNUT STREET  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

LECOMPTE, MORRIS A  
800 - 2ND AVENUE SOUTH  
SUITE 380  
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE: MORRIS A. LECOMPTE

03/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROADERICK, ARTHUR W  
Address: 13047 GULF BLVD., #1  
City-St-Zip: MADERIA BEACH, FL 33708

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BROADERICK, ARTHUR W  
Address: 2910 PELHAM ROAD  
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARTHUR W. BROADERICK

MGR

03/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date