## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L02000019178** 

1. Entity Name KAZBOR'S GRILLE, LLC

Principal Place of Business

Mailing Address

1326 EAST LUMSDEN ROAD BRANDON, FL 33511

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## **FILED** Apr 30, 2004 08:00 AM Secretary of State



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01152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 82-0562521 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H ESQ. 315 SOUTH HYDE PARK AVE. HINES, NORMAN, HINES & SULLIVAN, P.L. TAMPA, FL 33606

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8. The above	e named entity submits this statement for the purpose of cha	anging its registered office or registered agent, or ho	th, in the State of Florida, I am familiar with and accent
	tions of registered agent.	angang no regions of regions as again, or as	with the state of Figure 1 and artifled with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
D	iling Fee is \$50.00 ue by May 1, 2004		U00000145401 05/03/04-80025-003 50.00
9.	MANAGING MEMBERS/MANAGERS	<del></del>	
TITLE	MGR		
NAME	KAZBOUR, TALAL A		
STREET ADDRESS	1326 EAST LUMSDEN ROAD	l l	
CITY - ST - ZIP	BRANDON, FL 33511		
THILE		- I	

## DO NOT WRITE IN THIS SPACE

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 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

1139/1

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CHTY - ST - ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

Date

684-Clas

Daytime Phone #