

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022255

Entity Name: EAST SIDE PUB, LLC

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

2376 N. FEDERAL HWY
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

2376 N. FEDERAL HWY
FORT LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 22-3808163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGER, JAMES L
350 EAST LAS OLAS BLVD., STE. 1000
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: THIES, JR., WILLIAM F
Address: 68 FIESTA WAY
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR (X) Delete
Name: BRITO, RICHARD L
Address: 68 FIESTA WAY
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR (X) Delete
Name: THIES, JIM
Address: 68 FIESTA WAY
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MERICAN, LLC,
Address: 68 FIESTA WAY
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM F. THIES

MBR

04/26/2004

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