

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L02000024386

1. Entity Name  
BEE RIDGE BAR, LLC.



Principal Place of Business  
4870 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231 US

Mailing Address  
4870 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231 US

FILED  
Apr 15, 2004 08:00 AM  
Secretary of State



03212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
13-4211622

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHANDLER, JAMES R III  
1834 MAIN STREET  
SARASOTA, FL 34236

DO NOT WRITE  
IN THIS SPACE

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

000000114284  
04/15/04-80044-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
QUILLEN, MICHAEL L  
4870 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
GOWAN, MICHAEL T  
4870 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
GARVEY, DONALD  
4870 SOUTH TAMiami TRAIL  
SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DO NOT WRITE  
IN THIS SPACE

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: *[Signature]*

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

Date

Daytime Phone #

4-13-04