

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90347 021 ****50.00

DOCUMENT # L02000027954 1. Entity Name TOMOKA RIVER GRILLE MANAGEMENT, LLC					
Principal Place of Business 457 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114			Mailing Address PO BOX 731233 ORMOND BEACH, FL 32173		
2. Principal Place of Business 950 N. US 1 Suite, Apt. #, etc.		3. Mailing Address 1042 N. US 1 Suite, Apt. #, etc. Suite 11			
City & State ORMOND BEACH Zip 32174 Country FLORIDA		City & State ORMOND BEACH Zip 32174 Country FLORIDA		4. FEI Number 04-3753941	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GORNT0, L.A. JR, ESQ 149 S. RIDGEWOOD AVE., STE. 550 DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARSHAY, RAYMOND PO BOX 731233 ORMOND BEACH, FL 32173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1042 N. US 1 - Suite 11 ORMOND BCH, FL 32174	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG SCHWARZ, EDWARD 457 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <i>Ed Schwarz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4/2/04 386-671-1830 Date Daytime Phone #		