

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028788

FILED
Jan 28, 2004
Secretary of State

Entity Name: LUCKY DILL BURGER GRILL LLC

Current Principal Place of Business:

35236 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

35236 US HIGHWAY 19 N.
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 84-1621267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

3 R'S, L.L.C.
478 OLD OAK CIRCLE
PALM HARBOR, FL 34683 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: MGR () Delete
Name: ROWLEY, JOHN L
Address: 478 OLD OAK CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: ROWLEY, JOHN L
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: ROWLEY, KATE M
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ROWLEY, BONNIE
Address: 478 OLD OAK CR.
City-St-Zip: PALM HARBOR, FL 34683

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: JOHN L. ROWLEY

MGR

01/28/2004

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