

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028868

FILED  
Mar 02, 2007  
Secretary of State

Entity Name: BAYSIDE RESTAURANT, LLC

## Current Principal Place of Business:

RATTLEFISH RAWBAR & GRILL  
5210 TYSON AVE.  
TAMPA, FL 33611

## New Principal Place of Business:

RATTLEFISH RAWBAR & GRILL  
601 BAYSHORE BLVD SUITE 650  
TAMPA, FL 33606

## Current Mailing Address:

RATTLEFISH RAWBAR & GRILL  
5210 TYSON AVE.  
TAMPA, FL 33611

## New Mailing Address:

RATTLEFISH RAWBAR & GRILL  
601 BAYSHORE BLVD. SUITE 650  
TAMPA, FL 33606

FEI Number: 13-4219679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FUNK, CHARLES B  
601 BAYSHORE BLVD.  
SUITE 650  
TAMPA, FL 33606 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/MANAGERS:

Title: MGRM ( ) Delete  
Name: MEEHAN, JEFFREY B  
Address: 601 BAYSHORE BLVD. SUITE 650  
City-St-Zip: TAMPA, FL 33606

Title: MGRM ( ) Delete  
Name: FUNK, CHARLIE  
Address: 601 BAYSHORE BLVD. SUITE 650  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES:

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 Chapter 119, 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: CHARLES B. FUNK

MGRM

03/02/2007

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