

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90042 035 ****50.00

DOCUMENT # L02000031420	
1. Entity Name LOUIS PAPPAS RESTAURANT GROUP, LLC	

Principal Place of Business 1648 SEABREEZE DRIVE TARPON SPRINGS FL 34689	Mailing Address 1648 SEABREEZE DRIVE TARPON SPRINGS FL 34689
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24048816



MOORE CR2E083 (11/03)

2. Principal Place of Business 731 Wesley Ave Tampa Springs, FL	3. Mailing Address 731 Wesley Ave Tampa Springs, FL
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4. FEI Number 02-0653599	Applied For ☐ Not Applicable
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Zip 34689	Country USA	Zip 34689	Country USA
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
TATE, MARK T 212 S. MAGNOLIA AVE. TAMPA FL 33606

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPPAS, LOUIS L 1648 SEABREEZE DRIVE TARPON SPRINGS FL 34689 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAPPAS, NANCY P 1648 SEABREEZE DRIVE TARPON SPRINGS FL 34689 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: Nancy P. Pappas 1/28/04 (727) 937-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #