2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000031984

1. Entity Name
GULF COAST GRILL, L.L.C.



Principal Place of Business

Mailing Address

P.O. BOX 5497 DESTIN, FL 32540 P.O. BOX 5497 DESTIN, FL 32540

FILED Mar 10, 2004 8:00 am **Secretary of State**

03-10-2004 90187 005 ****50.00

24010130



02072004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number
	55-0839266

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W 25 WALTER MARTIN ROAD N.E. FT. WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
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		

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONEZZI, ROBERT A 1221 AIRPORT ROAD, SUITE 207 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP	certify that the information supplied with this filling does not qualify for the exe

DO NOT WRITE IN THIS SPACE

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