


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

04-11-2003 90549 009 ****50.00

DOCUMENT # L02000031984	
1. Entity Name GULF COAST GRILL, L.L.C.	

DO NOT WRITE IN THIS SPACE

55053786

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. P.O. BOX 5497		Suite, Apt. #, etc. P.O. BOX 5497	
City & State DESTIN FL		City & State DESTIN FL	
Zip 32540	Country OKALOOSA	Zip 32540	Country OKALOOSA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 55-0839266		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>JAMES W. GRINSLEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>25 WALTER MARTIN RD NE</u> City <u>FT WALTON BEACH</u> FL Zip Code <u>32548</u>		

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 _____ Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

FEES \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		33
-------------------------------------------------------------------------------------------------	--	----

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ROBERT A BONE 1221 AIRPORT RD STE 207 DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ **2.28.03** **850.650.4725**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)