


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90046 012 \*\*\*\*55.00

DOCUMENT # L02000034378		
1. Entity Name COOKHOUSE LLC		

Principal Place of Business 2150 WHITFIELD AVE SARASOTA, FL 34243	Mailing Address 2150 WHITFIELD AVE SARASOTA, FL 34243
---	---

20040339



2. Principal Place of Business 1945-17TH ST. Suite, Apt. #, etc.	3. Mailing Address 1945-17TH ST. Suite, Apt. #, etc.
--	--

04182005 Chg-LLC CR2E083 (10/03)

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34234	Country USA
Zip 34234	Country USA

4. FEI Number 56-2309521	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
---

6. Name and Address of Current Registered Agent CARTER, WEBB 2150 WHITFIELD AVENUE SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name RICHARDSON, T.J. Street Address (P.O. Box Number is Not Acceptable) 1945-17TH ST. City SARASOTA FL Zip Code 34234	
--	--	--	--

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 <i>T.J. Richardson</i> T.J. RICHARDSON	DATE 18 APRIL 2005
--	--------------------

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER, WEBB 2150 WHITFIELD AVENUE SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, T.J. 2150 WHITFIELD AVENUE SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, T.J. 1945-17TH ST. SARASOTA, FL 34234 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>T.J. Richardson</i> T.J. RICHARDSON	DATE 18 APRIL 05	941-365-5252
---	------------------	--------------