2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2005 08:00 AM Secretary of State

DOCUMENT # L03000003758 1. Entity Name A & B LOBSTER HOUSE, LLC		Secretary of State
Principal Place of Business Mailing Addr 6 ALLAMANDA TERRACE 6 ALLAMAN KEY WEST, FL 33040 KEY WEST,	NDA TERRACE	
DO NOT WRITE IN Th		01182005 No Chg-LLC CR2E083 (10/03) 4. FEI Number 42-1576659 Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
SMITH, URBAN EUGENE 6 ALLAMANDA TERRACE KEY WEST, FL 33040		DO NOT WRITE IN THIS SPACE
8. The above named entry submits the 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, wang or printed agent and tille if applicable. (NOTE Registered Agent signature required when reinstating) Filling Fee is \$50.00		
Due by May 1, 2005		
ITILE MGRM SMITH, WILLIAM A STREET ADDRESS CITY-ST-ZIP SHREVEPORT, LA 71106	>	Unarion272052 U+/21/05-80072-015 50.00
MGRM NAME SMITH-READING, MELISSA J STREET ADDRESS 1004 ATLEE DR CITY-ST-ZIP KELLER, TX 76248		
MGRM NAME SMITH, URBAN E STREET ADDRESS 6 ALLEMANDA TERRACE CITY-ST-ZIP KEY WEST, FL 33040		DO NOT WRITE
ITILE MGRM NAME SMITH, SUE B STREET ADDRESS 6 ALLEMANDA TERRACE CITY-ST-ZIP KEY WEST, FL 33040	<u> </u>	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY - ST- ZIP		
11. I hereby certify that the information supplied with this filling 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 docurate 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 fiability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 2 19 05 Daytime Profe #		