

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004727

FILED
Jul 07, 2004
Secretary of State

Entity Name: THAT LITTLE ITALIAN PLACE, LLC

Current Principal Place of Business:

1900 S. TAMiami TRAIL
116B
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

1900 S. TAMiami TRAIL
116B
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

1900 S. TAMiami TRAIL
112B
PORT CHARLOTTE, FL 33948 US

FEI Number: 36-4521335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALENTINO, DAVID G
1900 S. TAMiami TRAIL
116B
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

VALENTINO, DAVID G
1900 S. TAMiami TRAIL
112B
PORT CHARLOTTE, FL 33948 US

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.

SIGNATURE:

07/07/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VALENTINO, DAVID G
Address: 2351 BENDWAY DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: MGRM () Delete
Name: VALENTINO, DENNIS J
Address: 4095 BLUERIDGE STREET
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALENTINO, DAVID G
Address: 5017 KINGSLEY DRIVE
City-St-Zip: NORTH PORT, FL 34287 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID VALENTINO

MGRM

07/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date