## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 23, 2004 8:00 am Secretary of State

561-870-8565 Daytime Phone #

DOCUMENT # L03000010991  1. Entity Name BUCCANEER RESTAURANT, L.L.C.						02-23-2004	90344 042 ****:	50.00	
Principal Place of Business 90 LAKE DRIVE PALM BEACH SHORES, FL 33404		Mailing Address 90 LAKE DRIVE PALM BEACH SHORES, FL 33404				OOKOO IIIKI DOIM DEHI DOIK	8181 NEW ESINE (8)(8 1815) (8)	<b>11</b> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052004	Chg-LLC	CR2E083 (10/03)		
City & State		City & State			4. FEI Numbe	124534	3 Ap	plied For t Applicable	
Zip	Country	Zip	·		5. Certificate of Status Desired \$5.00 Additional Fee Required				
-	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Reg	jistered Agent		
CHAUNCE	EY, HARRISON K JR.,ESQ			Name					
241 BRAD	LEY PLACE ACH, FL 33480			Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip Code	e	
8. The above	named entity submits this statement for	r the nurnose of changing its	register	ad office or regis					
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 L									
•	Signature, typed or printed name of registered agent a	and title if applicable. (NUTE	E: Registere	d Agent signature requ	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004			1 1			check payable to Department of State	ု ကျွန်းနှစ် ၆		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
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NAME	MURRAY, DICKRON E	☐ Delete	TITL				☐ Change	☐ Addition	
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	entify that the information supplied with	this filling does not qualify for			Sarties 110 07/2)/	) Flaid- Charles 14	alessa est al con t		
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. Dickrep E. MYTAY									

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE