


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**


04-26-2004 90041 026 \*\*\*\*50.00

<b>DOCUMENT # L03000011022</b>	
1. Entity Name <b>BISTRO PRAHA GOURMET CAFE, LLC</b>	

Principal Place of Business <b>12148 S. CLEVELAND AVE FT. MYERS, FL 33907 US</b>	Mailing Address <b>12148 S. CLEVELAND AVE FT. MYERS, FL 33907 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**24053825**



04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>30-0163565</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>CHAU, AGNES 1801 E. COLONIAL DRIVE 168 ORLANDO, FL 32803</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>LIM, JOHNSON</b>
STREET ADDRESS	<b>21390 HARBORSIDE BLVD</b>
CITY-ST-ZIP	<b>PT. CHARLOTTE, FL 33952</b>
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>LIM, LENG SIV</b>
STREET ADDRESS	<b>21390 HARBORSIDE BLVD</b>
CITY-ST-ZIP	<b>PT. CHARLOTTE, FL 33952</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]*

**4-20-2004 (239) 278-4200**