

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018843

Entity Name: THE RIB HOUSE, L.L.C.

FILED  
May 11, 2004  
Secretary of State

## Current Principal Place of Business:

C/O AJAPOL ANUSORNPANICH  
2918 SOUTH FLORIDA  
LAKELAND, FL 33803

## New Principal Place of Business:

## Current Mailing Address:

C/O AJAPOL ANUSORNPANICH  
2918 SOUTH FLORIDA  
LAKELAND, FL 33803

## New Mailing Address:

FEI Number: 01-0786261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANUSORNPANICH, AJAPOL  
2918 SOUTH FLORIDA  
LAKELAND, FL 33803

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: AA WIRELESS-SOLUTION, , INC.  
Address: 905 FOXHALL  
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM ( ) Change (X) Addition  
Name: BUREE, MONTIP  
Address: 410 E. BEACON ROAD  
City-St-Zip: LAKELAND, FL 33803 US

Title: MGR ( ) Change (X) Addition  
Name: ANUSORNPANICH, NARISSARA  
Address: 905 FOXHALL  
City-St-Zip: LAKELAND, FL 33813 US

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: AJAPOL ANUSORNPANICH

MGRM

05/11/2004

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