

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018843

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

FILED
Feb 28, 2005
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 US

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

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

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

ADDITIONS/CHANGES:

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

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

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: NARISSARA ANUSORNPANICH

MGR

02/28/2005

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