

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 JUN 28 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06252004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000019755

1. Entity Name
COBALT ENTERPRISES, LLC
DBA CAFE FIGARO (G03315900037)



Principal Place of Business 4451 PINE RIDGE ROAD NAPLES, FL 34119 US	Mailing Address 4451 PINE RIDGE ROAD NAPLES, FL 34119 US
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2. Principal Place of Business <i>13510 TAMIAHI TRAIL N.</i>	3. Mailing Address <i>13510 TAMIAHI TRAIL N.</i>
Suite, Apt. #, etc. <i>STE 7</i>	Suite, Apt. #, etc. <i>STE 7</i>

City & State <i>NAPLES, FLORIDA</i>	City & State <i>NAPLES, FLORIDA</i>
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Zip <i>34110</i>	Country <i>COLLIER</i>	Zip <i>34110</i>	Country <i>COLLIER</i>
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4. FEI Number <i>16-1671039</i>	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRYLOV, PETER 4451 PINE RIDGE ROAD NAPLES, FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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]* **MANAGING MEMBER** *6-25-2004* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #