

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90001 024 ****85.00

24065677



04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number **45-0520978** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WELCH, DANIEL
12945 VANDERBILT DRIVE
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name **RAY GALINDO**

Street Address (P.O. Box Number is Not Acceptable)
12555 S.W. 34 PLACE

City **DAVIE**

FL

Zip Code **33330**

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete
NAME **WELCH, DANIEL**
STREET ADDRESS **12945 VANDERBILT DRIVE**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **WAYZATA BAY INVESTMENT GROUP, LLC**
STREET ADDRESS **1270 WILDHURST TRAIL**
CITY-ST-ZIP **ORONO, MN 55364**

TITLE ☐ Change ☒ Addition
NAME **SHERPARINI, INC.**
STREET ADDRESS **12945 VANDERBILT DRIVE, #402**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Change ☒ Addition
NAME **BBLT FOOD SERVICES, INC.**
STREET ADDRESS **4627 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

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

4/30/04

Date

954-915-9617

Daytime Phone #