

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90355 007 \*\*\*\*50.00

**DOCUMENT # L03000028487**

1. Entity Name  
**MANGROVE GRILL & BAR, LLC**



Principal Place of Business  
**C/O MIKE CARTER INC.  
417 12TH ST. WEST, STE. 200  
BRADENTON, FL 34205**

Mailing Address  
**C/O MIKE CARTER INC.  
417 12TH ST. WEST, STE. 200  
BRADENTON, FL 34205**

64000110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number **20-0141337** Applied For  
Not Applied

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, ADRON H  
BARNES WALKER, CHARTERED  
3119 MANATEE AVE. WEST  
BRADENTON, FL 34205**

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)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME CARTER, MICHAEL M  
STREET ADDRESS 417 12TH ST. WEST, STE 200  
CITY-ST-ZIP BRADENTON, FL 34205

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

TITLE MGR ☐ Delete  
NAME THOMAS W. SEAN MURPHY  
STREET ADDRESS 6600 GULD DR.  
CITY-ST-ZIP HOLMES BEACH, FL 34217

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Ad  
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]*

4/21/04 (941) 778-6444