2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000030566

1. Entity Name

MING'S CHINESE RESTAURANT, LLC



FILED Jan 25, 2005 08:00 AM **Secretary of State**

Principal Place of Business

6250 NW 23RD ST

SUITE 4 & 5 GAINESVILLE, FL 32653 Mailing Address

4000 SW 23RD ST

UNIT 1-205 Gainesville, FL 32608



01182005No Chg-LLC

CR2E083 (10/03)

4.	FFI	Number
•••		
	20	-0156084

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHENG, IRVIN K 4000 SW 23RD ST -

SIGNATURE: 以

UNIT 1-205 GAINESVILLE, FL 32608

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3. 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 harne of recisioned agent and this if applicable.	Presiden + (NOTE Registered Agent's ignature required when refristating)	1-22-05	
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHENG, IRVIN K 4000 SW 23RD ST UNIT 1-205 GAINESVILLE, FL 32608		U00000194962 01/26/05-80009-013 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAI, LOI X 12043 SCARSDALE DR JACKSONVILLE, FL 32246			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 path; 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.				