

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033571

FILED  
Feb 05, 2004  
Secretary of State

**Entity Name:** BUTTERMILKS COUNTRY RESTAURANT LLC

**Current Principal Place of Business:**

240 NORTH DEVON AVENUE  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

9001 S HWY 17-92  
MAITLAND, FL 32751

**Current Mailing Address:**

240 NORTH DEVON AVENUE  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

9001 S HWY 17-92  
MAITLAND, FL 32751

**FEI Number:** 20-0299252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVENUE, SUITE 201  
ORLANDO, FL 32802 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: COE, FREDERICK R PRES  
Address: 261 ROBIN RD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Change (X) Addition  
Name: BOWLES, TERESA A V PRES  
Address: 240 N DEVON AVE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: TERESA A BOWLES

V P

02/05/2004

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