


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-28-2005 90288 040 ****50.00

DOCUMENT # L03000035674					
1. Entity Name STAMATIS FAMILY RESTAURANT, LLC					
Principal Place of Business 3095 ST. JAMES STREET PORT CHARLOTTE, FL 33952			Mailing Address 1186 SANDY ST PORT CHARLOTTE, FL 33952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03062005 200240130	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOTITZKY, HAL EGO 223 TAYLOR STREET PUNTA GORDA, FL 33950			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM STATHARAS, STAMELOS 3095 ST. JAMES STREET PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KOUROUPI, ZOI 3095 ST. JAMES STREET PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	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: <u>Stamatis Stamatian</u>			Date: <u>3-11-05</u>		Daytime Phone #: <u>(941) 629-2576</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>

ATTACHMENT
30003802

Department of the Treasury
Internal Revenue Service
1301 Clay St.
Oakland, CA 94612

In reply refer to: 0457828169
October 27, 2004 LTR 1721(ICP) SB
20-0240130 0000 000

STAMATIS FAMILY RESTAURANT LLC
STATHARAS STAMALOS MEMBER
3095 SAINT JAMES ST
PT CHARLOTTE, FL 33952-7127 957

Document #
LO30000 35677

FORM OF 1099-INT
INSTRUCTIONS (01)

Taxpayer Identification Number: 20-0240130

Form: 0000

Mr. Goodwin
CSR # 94-07947

Dear Taxpayer:

Thank you for your inquiry dated October 27, 2004.

As requested, we are confirming in writing, your employer identification number. The number is shown above.

If you have any questions, please call us toll free at 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Sincerely,
Mr. Goodwin
CSR # 94-07947

FORM: 0000

20-0240130

Enclosure(s):
Copy of this letter

1800
3523671

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE

FORM 1099-INT
INSTRUCTIONS (01)