

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 17, 2004 8:00 am
Secretary of State

06-17-2004 90102 022 ****50.00

DOCUMENT # L03000036888					
1. Entity Name STEAKHOUSE UNLIMITED, LLC					
Principal Place of Business 1915 OLD NEW YORK AVE DELAND, FL 32720			Mailing Address 1915 OLD NEW YORK AVE DELAND, FL 32720		
2. Principal Place of Business		3. Mailing Address 680 W. Main St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lake Helen, FL		4. FEI Number 56-2400976	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32744		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DOYLE, J. W. 1915 OLD NEW YORK AVE DELAND, FL 32720			Name <u>Tina M. Wright</u> Street Address (P.O. Box Number is Not Acceptable) 680 W. Main St. City <u>Lake Helen</u> FL Zip Code <u>32744</u>		
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 <u>Tina M. Wright</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>6-9-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOYLE, J. W. 1915 OLD NEW YORK AVE DELAND, FL 32720	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Tina M. Wright 680 W. Main St. Lake Helen, FL 32744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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>Tina M. Wright</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>6-9-04</u> Daytime Phone # <u>(386) 228-2012</u>		