2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM DOCUMENT # L03000039037 **Secretary of State** 1. Entity Name CAFE ON THE BEACH, LLC Principal Place of Business Mailing Address -4000 GULF DRIVE HOLMES BEACH FL 34217 4000 GULF DRIVE HOLMES BEACH FL 34217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) Applied For City & State City & State 4. FEI Number 20-0346630 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MENIHTAS, JOHN Street Address (P.O. Box Number is Not Acceptable) 4204 HEARTHSTONE DRIVE SARASOTA FL 34238 Zip Code City 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, typod or printed name of registered agent and fills if applicable DATE (NOTE Registered Agent signature required when reinstaking) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS / MANAGERS 10. 9, MGR Change Addition DILL Delete NAME MENIHTAS, JOHN 4204 HEARTHSTONE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST- 7/2 CITY ST-ZIP SARASOTA FL 34238 ☐ Change ☐ Addition U00000219284 ☐ Detete HILE 02/08/05-80022-003 50.00 VAYIAS, TOMMY NAME NAME STREET ADDRESS 2736 GULFGATE DRIVE STREET ADDRESS CGY-ST-ZIP SARASOTA FL 34231 City-St-7iP ☐ Change Addition Delele HILL NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete ittes TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP ☐ Change Addition Delete FILE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST ZIP CITY-ST-7/P ☐ Addition Change Delete uid TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-7IP CITY ST-ZIP

11. I hereby certify that the information expelled 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 took 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 trusted employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

1/23/05 941-270-0328