


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000006384

1. Entity Name
SUSHI-THAI ON THE BEACH, LLC



Principal Place of Business 261 N.W. 16 ST POMPAÑO BEACH, FL 33060	Mailing Address 261 N.W. 16 ST POMPAÑO BEACH, FL 33060
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02082006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0645483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MONGKOLSINDHU, SARASERN
 1801 NE 179TH ST
 NORTH MIAMI, FL 33162**

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONGKOLSINDHU, SARASERN 1801 N.E. 179TH ST NORTH MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONGKOLSINDHU, SANTI 1801 N.E. 179TH ST NORTH MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHATMONMART, KAMOLWAN 5659 S.W. 36 ST HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/07/06-80037-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: X SA 2/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #