


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000006384</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



01112007No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000631854  
02/20/07-80064-004 50.00

**DO NOT WRITE IN THIS SPACE**

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 608, Florida Statutes.

**SIGNATURE:**  **02/08/07 192797-951**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #