

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

01-24-2005 90102 003 ****50.00

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DOCUMENT # L04000016560			
1. Entity Name SEA BISCUIT PROPERTIES, LLC			
Principal Place of Business 6145 52ND STREET SOUTH ST. PETERSBURG, FL 33715		Mailing Address 6145 52ND STREET SOUTH ST. PETERSBURG, FL 33715	
2. Principal Place of Business 702 PASS-A-GRILL WAY		3. Mailing Address 702 PASS-A-GRILL WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETE BEACH, FL		City & State ST. PETE BEACH	
Zip 33706	Country UNITED STATES	Zip 33706	Country UNITED STATES
4. FEI Number 20-0810235		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FEINBERG, M. DAVID JR. 6145 52ND STREET SOUTH ST. PETERSBURG, FL 33715		Name FEINBERG, M. DAVID JR. Street Address (P.O. Box Number is Not Acceptable) 702 PASS-A-GRILL WAY City ST. PETE BEACH FL Zip Code 33706	
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 X Signature, typed or printed name of registered agent and title if applicable.		1/18/05 (NOTE: Registered Agent signature required when re-registering)	
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 FEINBERG, M. DAVID JR 6145 52ND STREET SOUTH ST. PETERSBURG, FL 33715 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEINBERG, M. DAVID JR. 702 PASS-A-GRILL WAY ST. PETE BEACH, FL 33706 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		1/18/05 Date SEA BISCUIT PRO Daytime Phone #	