## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # L04000020316** 04-29-2005 90031 007 \*\*\*\*55.00 BLUÉ BUDDHA SUSHI BAR, LLC Principal Place of Business Mailing Address **ZUUDUZ44** 4915 HWY 30-A WEST 1414 CO. HWY 283 SANTA ROSA BEACH, FL 32459 **PMB 330** SANTA ROSA BEACH, FL 32459 2. Principal Place of Business 3. Mailing Address 88 Watercolor Way 88 Watercolor Way Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/03) 04252005 Chg-LLC 107 107 City & State Applied For City & State 4. FEI Number Santa Rosa Beach, FL 20-0864227 Santa Rosa Beach, FL Not Applicable Country Zin Zip Country \$5.00 Additional 5. Certificate of Status Desired U.S.A. 32459 U.S.A. 32459 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Seamus S. Easterly DEBEAUCHAMP, LEE ANN Street Address (P.O. Box Number is Not Acceptable) 4915 HWY 30-A WEST SANTA ROSA BEACH, FL 32459 138 Steam St. City Gulf Breeze Zip Code 32561 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. April 24, 2005 Signature, typed or printed ne DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TEDE ☐ Delete †Π† F Change ☐ Addition DEBEAUCHAMP, LEE ANN NAME NAME STREET ADDRESS 4915 HWY 30-A WEST STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP MGRM Defete me ☐ Change ■ Addition HENDLER, JAMIE NAME NAME STREET ADDRESS P.O. BOX 2532 STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32459 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME Easterly, Scamus NAME STREET ADDRESS 138 Steam St. STREET ADDRESS Gulf Breeze, FL 32561 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Oclete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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, if 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.

IGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

April 24, 2005

(850) 622 - 2096

Daytime Phone #