## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000023495 02-23-2005 90156 018 \*\*\*\*50.00 1. Entity Name CAFE BELMONDO, LLC Principal Place of Business Mailing Address 30001839 5401 HANGAR COURT **5401 HANGAR COURT** TAMPA, FL 33634 **TAMPA, FL 33634** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number City & State City & State 20-0921493 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATERS, CODY W Street Address (P.O. Box Number Is Not Acceptable) 501 EAST KENNEDY BLVD., STE. 1700 TAMPA, FL 33602 Zip Code 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 Sometime, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signesure required when reinstading) 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. MCRM 117LE ☐ Delete TITLE FRANZBL AU, ROBERT M HALLE MALE 5401 HANGAR CT. TAMPA, FL 33634 MGRM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta Addition FRANZBLAU, CARLO STOI HANGAR CT: TAMPA, FL33634 MERM TITLE Change NUME MAR STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P Addition IIILE Delete TITLE ☐ Change DORR 5401 HA TAMPA NAME HARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TM F Addition Deleta TITLE ☐ Chance NAME NAME STREET ADDRESS STHEET ADORESS CITY-ST-7P CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change - ☐ Addition NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling goes not qualify for the examplion-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 onth; 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**

MO TYPED OR PRINTED HANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 17, 2005 8:00 am

**Secretary of State**