

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90109 001 ****50.00
03-09-2006 90109 002 ***150.00

30002117



01172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000030118 1. Entity Name SKYWAY RESTAURANT, L.L.C.					
Principal Place of Business 1379 SOUTH HERCULES AVE. CLEARWATER, FL 33764			Mailing Address 1379 SOUTH HERCULES AVE. CLEARWATER, FL 33764		
2. Principal Place of Business 2795 34th STREET S <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2795 34th STREET S <small>Suite, Apt. #, etc.</small>			
City & State ST. PETERSBURG, FL <small>Zip</small> 33711 <small>Country</small>		City & State ST. PETERSBURG, FL <small>Zip</small> 33711 <small>Country</small>		4. FEI Number 20-1051044	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TINGIRIDES, STAVROS ESQ. 804 N. BELCHER ROAD, SUITE 100 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name ELIAS KARDASSIS Street Address (P.O. Box Number is Not Acceptable) 2795 34th STREET SOUTH City ST. PETERSBURG FL <small>Zip Code</small> 33711		
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 <u><i>Elias Kardassis</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR KARDASSIS, ELIAS 1379 SOUTH HERCULES AVE. CLEARWATER, FL 33764	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Elias Kardassis</i></u>			MEMBER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> _____ <small>Daytime Phone #</small> _____		