


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

04-20-2005 90039 046 ****50.00
L04000069767

DOCUMENT # L04000069767				<i>name corrected</i>				FILED 2005 JUN 27 P 2:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name PAPPAS MARKET CAFE - LAKESIDE, LLC <i>Louis Pappas Market Cafe - Lakeside, LLC</i>									
Principal Place of Business 731 WESLEY AVENUE TARPON SPRINGS FL 34689				Mailing Address 731 WESLEY AVENUE TARPON SPRINGS FL 34689					
2. Principal Place of Business				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country		4. FEI Number 02-0653599	
								Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required									
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
TATE, MARK T 212 S. MADONIA AVE. TAMPA FL 33606 <i>magnolia</i> <i>(address correction)</i>					Name				
					Street Address (P.O. Box Number is Not Acceptable)				
					City				
					State FL 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 _____ <small>Signature, typed or printed name of registered agent and its applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005									
9. MANAGING MEMBERS/MANAGERS					10. ADDITIONS/CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LOUIS PAPPAS RESTAURANT GROUP, LLC				NAME				
STREET ADDRESS	1648 SEABREEZE DRIVE				STREET ADDRESS				
CITY- ST- ZIP	TARPON SPRINGS FL 34689				CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY- ST- ZIP					CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY- ST- ZIP					CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
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CITY- ST- ZIP					CITY- ST- ZIP				
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					NAME				
STREET ADDRESS					STREET ADDRESS				
CITY- ST- ZIP					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. 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: <i>Louis Pappas</i>					4/14/05 (727) 937-1770				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>									