## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 22, 2005 8:00 am **Secretary of State DOCUMENT # L04000077259** 02-22-2005 90071 013 \*\*\*\*50.00 ASIAN GARDEN RESTAURANT, LLC Principal Place of Business Mailing Address 2020-4 WEST PENSACOLA ST 2020-4 WEST PENSACOLA ST TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State FEI Number 56-248579 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LIN, DONG Street Address (P.O. Box Number is Not Acceptable) 2020-4 WEST PENSACOLA ST TALLAHASSEE, FL 32304 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 Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** ☐ Delete TITLE ☐ Change Addition LIN. DONG NAME MAME STREET ADDRESS 2020-4 WEST PENSACOLA ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP TITLE ☐ Addition ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

FILED