
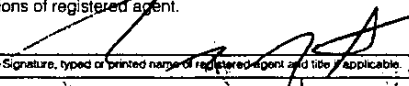
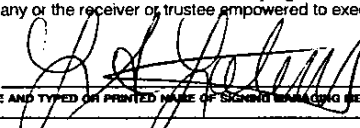


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90077 026 \*\*\*\*55.00

<b>DOCUMENT # L04000080332</b> 1. Entity Name <b>GRILLS OF NAPLES, LLC</b>					
Principal Place of Business <b>838 NEAPOLITAN WAY, PMB 301 NAPLES, FL 34103</b>			Mailing Address <b>838 NEAPOLITAN WAY, PMB 301 NAPLES, FL 34103</b>		
2. Principal Place of Business <b>8004 Trail Blvd. N.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Naples FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>20-1840727</b>	
Zip <b>34108</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRANT, RICHARD C 5551 RIDGEWOOD DRIVE, STE. 501 NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name <b>Randall J. Latona</b> Street Address (P.O. Box Number is Not Acceptable) <b>838 Neapolitan way</b> <b>ste 301</b> City <b>Naples</b> State <b>FL</b> Zip Code <b>34103</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE <b>1-15-05</b>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Manager Member <input type="checkbox"/> Delete</b> <b>Randall J. Latona</b> <b>838 Neapolitan way PMB 301</b> <b>Naples FL 34103</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member <input type="checkbox"/> Delete</b> <b>Lisa A. Latona</b> <b>838 Neapolitan way PMB 301</b> <b>Naples FL 34103</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>1-15-05 239-994-3114</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					