


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000001327</b>	
<b>1. Entity Name</b> BONEFISH MANAGEMENT, L.L.C.	

<b>Principal Place of Business</b> VASILIOU & CO, INC 1000 SOUTH POINTE DR MIAMI BEACH FL 33139 US	<b>Mailing Address</b> VASILIOU & CO, INC 1000 SOUTH POINTE DR MIAMI BEACH FL 33139 US
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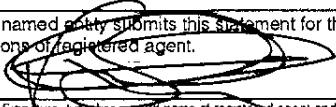
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/04)

<b>4. FEI Number</b> 58-2364190	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
RIVLIN, MARK L MARK L. RIVLIN, P.A. 1550 MADRUGA AVENUE, SUITE 120 CORAL GABLES FL 33146	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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.**

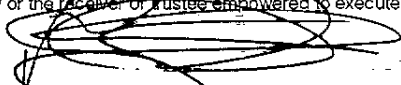
SIGNATURE  DATE 5 April 2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM VASILIOU, BASIL K 230 PARK AVE. 7TH FLOOR NEW YORK NY 10163 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000234228 04/08/05-80061-003 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VASILIOU, JANE T 230 PARK AVE. 7TH FLOOR NEW YORK NY 10163 <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
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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)(f), 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:**  5 April 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE