

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90053 047 \*\*\*\*50.00

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<b>DOCUMENT # L99000002065</b> 1. Entity Name <b>PLANET KARAOKE PROPERTIES, L.C.</b>					
Principal Place of Business <b>5405 PARK CENTRAL COURT NAPLES, FL 34109</b>			Mailing Address <b>5405 PARK CENTRAL COURT NAPLES, FL 34109</b>		
2. Principal Place of Business <b>12810 Tamiami Trail N.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>12810 Tamiami Trail N.</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>		4. FEI Number <b>59-3590414</b>	
Zip <b>34110</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GATES, TODD E 5405 PARK CENTRAL COURT NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12810 Tamiami Trail N.</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34110</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 <u>TODD E. GATES</u> DATE <u>4-7-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</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	MGRM GATES, TODD 5405 PARK CENTRAL COURT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12810 Tamiami Trail N. Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCVEY, JAMES 5405 PARK CENTRAL COURT NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	12810 Tamiami Trail N. Naples, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALIA, JAMES M 27221 ELAINE DRIVE BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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> <u>TODD GATES</u>			Date <u>4-7-04</u>		Daytime Phone # <u>239-593-3777</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					