


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000004526 1. Entity Name FREDDY'S PLAZA OF SEMINOLE, L.L.C.	
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Principal Place of Business 7211 1ST AVE., SOUTH ST PETERSBURG, FL 33707	Mailing Address P.O. BOX 48547 ST. PETERSBURG, FL 33743-8547
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**DO NOT WRITE IN THIS SPACE**

04282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3050362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BLVD #4874  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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: *Pauline C. Lappas* DATE: *4-28-05*

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SORLEY, RALPH G JR 9 MALLARD LANE WESTPORT, CT 06880
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UD00000344356  
04/29/05-80135-002 50.00

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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: *Ralph G Sorley Jr* DATE: *4-28-05* DAYTIME PHONE #: *727-345794*

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