


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008680 1. Entity Name SPANISH RIVER, L.L.C.	
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Principal Place of Business SPANISH RIVER GRILL 737 E. 3RD AVE. NEW SMYRNA BEACH, FL 32169	Mailing Address SPANISH RIVER GRILL 737 E. 3RD AVE. NEW SMYRNA BEACH, FL 32169
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03292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3612342	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SALGADO, HENRY A III 624 S. PINE STREET NEW SMYRNA BEACH, FL 32169

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALGADO, HENRY A III 624 S PINE STREET NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALGADO, MICHELE J 624 S PINE STREET NEW SMYRNA, FL 32169
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<p>1000000236372 04/09/05-80066-010 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Michele Salgado* **Michele SALGADO** **4/5/05** **386/478-1007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #