

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000359

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: TUSCABELLA RESTAURANTS, LLC

**Current Principal Place of Business:**

15436 N. FLORIDA AVENUE, SUITE 200  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

15436 N. FLORIDA AVENUE  
SUITE 200  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 52-2218190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DEBARTOLO, CYNTHIA R  
Address: 15436 N FLORIDA AVENUE, SUITE 200  
City-St-Zip: TAMPA, FL 33613

Title: MGR ( ) Delete  
Name: DEBARTOLO, LISA M  
Address: 15436 N FLORIDA AVENUE, SUITE 200  
City-St-Zip: TAMPA, FL 33613

Title: MGR ( ) Delete  
Name: DEBARTOLO, TIFFANIE L  
Address: 15436 N FLORIDA AVENUE, SUITE 200  
City-St-Zip: TAMPA, FL 33613

Title: MGR ( ) Delete  
Name: HELDFOND, NICOLE D  
Address: 15436 N FLORIDA AVENUE, SUITE 200  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CYNTHIA R. DEBARTOLO

MGRM

01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date