

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001609

FILED  
Apr 06, 2004  
Secretary of State

**Entity Name:** CHEESEBURGER IN PARADISE, LLC

**Current Principal Place of Business:**

2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 59-3671653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KADOW, JOSEPH J  
2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA, FL 33607

**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: MGR ( ) Delete  
Name: SULLIVAN, CHRIS T  
Address: 2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: BASHAM, ROBERT D  
Address: 2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: GANNON, JOHN T  
Address: 2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: BUFFETT, JIMMY  
Address: 2202 N. WESTSHORE BLVD, 5TH FLOOR  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: COLAN, JOHN  
Address: 2202 N. WESTSHORE BLVD, 5TH FLOOR  
City-St-Zip: TAMPA, FL 33607

Title: P (X) Delete  
Name: EYBERS, DEBRA A  
Address: 2202 N. WESTSHORE BLVD, 5TH FLOOR  
City-St-Zip: TAMPA, FL 33607

**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:

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: ROBERT D BASHAM

MGR

04/06/2004

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