

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90024 024 \*\*\*\*55.00

**DOCUMENT # M01000001609**

1. Entity Name

**CHEESEBURGER IN PARADISE, LLC**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3671653**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **SULLIVAN, CHRIS T**  
CITY-ST-ZIP **2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607**

TITLE ☐ Change ☒ Addition  
NAME **MGR**  
STREET ADDRESS **Jimmy Buffett**  
CITY-ST-ZIP **2202 N. Westshore Blvd., 5th FL  
Tampa FL 33607**

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **BASHAM, ROBERT D**  
CITY-ST-ZIP **2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607**

TITLE ☐ Change ☒ Addition  
NAME **MGR**  
STREET ADDRESS **John Colan**  
CITY-ST-ZIP **2202 N. Westshore Blvd, 5th FL  
Tampa FL 33607**

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **GANNON, JOHN T**  
CITY-ST-ZIP **2202 NORTH WESTSHORE BLVD., 5TH FLOOR  
TAMPA FL 33607**

TITLE ☐ Change ☒ Addition  
NAME **P**  
STREET ADDRESS **Eyberg, Delora A.**  
CITY-ST-ZIP **2202 N. Westshore Blvd, 5th FL  
Tampa FL 33607**

TITLE ☐ Delete  
NAME **V, S**  
STREET ADDRESS **Kadow, Joseph J.**  
CITY-ST-ZIP **2202 N. Westshore Blvd, 5th FL  
Tampa FL 33607**

TITLE ☐ Change ☒ Addition  
NAME **V, T**  
STREET ADDRESS **Merritt, Robert S.**  
CITY-ST-ZIP **2202 N. Westshore Blvd, 5th FL  
Tampa FL 33607**

TITLE ☐ Delete  
NAME **V, T**  
STREET ADDRESS **Merritt, Robert S.**  
CITY-ST-ZIP **2202 N. Westshore Blvd, 5th FL  
Tampa FL 33607**

TITLE ☐ Change ☐ Addition  
NAME **V, T**  
STREET ADDRESS **Merritt, Robert S.**  
CITY-ST-ZIP **2202 N. Westshore Blvd, 5th FL  
Tampa FL 33607**

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.

SIGNATURE:

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

Date

Daytime Phone

CR2E083 (10/02)