

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002638

FILED
Jan 22, 2005
Secretary of State

Entity Name: FOOD & BEVERAGE MANAGEMENT, LLC

Current Principal Place of Business:

C/O MICHAEL S. DENNIS
13821 OLD MANSFIELD ROAD
MT. VERNON, OH 43050

New Principal Place of Business:

C/O MICHAEL S. DENNIS
4802 LONDONDERRY DRIVE
TAMPA, FL 33647

Current Mailing Address:

C/O MICHAEL S. DENNIS
13821 OLD MANSFIELD ROAD
MT. VERNON, OH 43050

New Mailing Address:

C/O MICHAEL S. DENNIS
53 NORTH MAIN STREET
FREDERICKTOWN, OH 43019

FEI Number: 16-1660831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADDISON, MICHAEL C
400 N. TAMPA STREET, SUITE 1100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

LITCHFIELD, CLIFF D
15308 LAKE MAGDELINE BLVD
TAMPA, FL 33618 US

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: 'CLIFF LITCHFIELD'

01/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DENNIS, MICHAEL S
Address: 13821 OLD MANSFIELD ROAD
City-St-Zip: MT. VERNON, OH 43050

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DENNIS, MICHAEL S
Address: 4802 LONDONDERRY DRIVE
City-St-Zip: TAMPA, FL 33647

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: 'MANAGING SIGNATURE/MICHAEL S DENNIS'

MGRM

01/22/2005

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