2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # M96000000245 1. Entity Name DINING AND ENTERTAINMENT CLUBS OF AMERICA, L.L.C. Principal Place of Business Mailing Address 501 HOLLY LANE BRANDON FL 33510 9331 ADAMO DR. **TAMPA FL 33619** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State 4. FEI Number City & State 59-3306564 Not Applicable Zip Country 7_{in} Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELSER, BRIAN E Street Address (P.O. Box Number is Not Acceptable) **501 HÖLLY LANE BRANDON FL 33510** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition Change TITLE MGR Delete TITLE NAME ELSER, DAVID A NAME STREET ADDRESS STREET ADDRESS 450 E HAMILTON LN 103 ***9-**BATTLE CREEK MI 49015 CITY-ST-ZIP CITY+ST-ZIP MGRM Change ☐ Addition TITLE TITLE Delete ELSER, ARLON E NAME U00000025718 NAME 02/02/04-80118-003 55.00 STREET ADDRESS 450 E. HAMILTON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BATTLE CREEK MI 49015 TITE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-7IP CITY - ST- ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 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.

FILED