## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 22, 2005 08:00 AM DOCUMENT # M96000000245 Secretary of State 1. Entity Name DINING AND ENTERTAINMENT CLUBS OF AMERICA. Principal Place of Business Mailing Address 501 HOLLY LANE BRANDON FL 33510 9331 ADAMO DR. **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) City & State Applied For City & State 4. FEI Number 59-3306564 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELSER, BRIAN E Street Address (P.O. Box Number is Not Acceptable) **501 HOLLY LANE** BRANDON FL 33510 City Zip Code FL 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) DATÉ FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TOLE Change Addition | ☐ Delete THE ELSER, DAVID A NAME NAME STHEET ADDRESS STREET ADDRESS 450 E HAMILTON LN CITY-ST-ZIP BATTLE CREEK MI 49015 911Y-S1-7/P ☐ Delete Change ☐ Addition U00000238977 NAME ELSER, ARLON E NAME 02/22/05-80021-024 55.00 STREET ADDRESS STREET ADDRESS 450 E. HAMILTON LANE CITY-ST-ZIP BATTLE CREEK MI 49015 CITY-ST-ZIP Delete Change ☐ Addition THE TiTt é NAME STREET ADDRESS STHEET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete Dire Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete His Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**