

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001293

FILED
Jul 01, 2004
Secretary of State

Entity Name: SPECIALTY RESTAURANT DEVELOPMENT, L.L.C.

Current Principal Place of Business:

1001 N. LAKE DESTINY RD., #100
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1001 N. LAKE DESTINY RD., #100
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 43-1830622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, GUY A
1001 N LAKE DESTINY RD STE 100
MAITLAND, FL 32751 US

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: MGRM () Delete
Name: GUSTIN, ABE
Address: 1001 N. LAKE DESTINY RD., #100
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: TAYLOR, GUY
Address: 1001 N. LAKE DESTINY RD., #100
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: GUSTIN, GREG
Address: 1001 N. LAKE DESTINY RD., #100
City-St-Zip: MAITLAND, FL 32751

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:

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: GUY TAYLOR

MGRM

07/01/2004

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