

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016011

1. Entity Name

J & M RESTAURANTS, LLC

Principal Place of Business

Mailing Address

14742 1ST AVE. E.
BRADENTON, FLA. 34202

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

65-1079449

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCOTT M. KETCHUM ESQUIRE
NORTHERN TRUST BANK BUILDING
4001 TAMiami TRAIL NORTH STE. 300
NAPLES, FLA. 34103

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. MANAGING MEMBERS/MEMBERS

TITLE: MANAGING MEMBER
NAME: TERRY M. JONES
STREET ADDRESS: 5814 38TH AVE. E.
CITY-ST-ZIP: BRADENTON, FLA. 34208

TITLE: MANAGING MEMBER
NAME: JARED MILNE
STREET ADDRESS: 14742 1ST AVE. E.
CITY-ST-ZIP: BRADENTON, FLA. 34202

10. ADDITIONS/CHANGES

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

TITLE: [Blank]
NAME: [Blank]
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STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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 609, Florida Statutes.

SIGNATURE:

Jared Milne JARED MILNE

3-9-01

813-495-5808

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

Date

Daytime Phone #

20010303/11/000