

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90078 021 ****50.00

DOCUMENT # L00000016011

1. Entity Name

J & M RESTAURANTS, LLC

Principal Place of Business

**14742 1ST AVE. EAST
 BRADENTON FL 34202**

Mailing Address

**14742 1ST AVE. EAST
 BRADENTON FL 34202**

909330



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**KETCHUM, SCOTT M ESQ.
 NORTHERN TRUST BANK BUILDING
 4001 TAMiami TRAIL NORTH, STE 300
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

SCOTT M KETCHUM, ESQ

Street Address (P.O. Box Number is Not Acceptable)

692 Goodlette Road

City

Naples,

FL

Zip Code

34102

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGRM JONES, TERRY M**
 STREET ADDRESS **5814 38TH AVE. E**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **MGRM MILNE, JARED**
 STREET ADDRESS **14742 1ST AVE. E.**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 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.

SIGNATURE: *Terry Jones* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **1-14-02** Daytime Phone # **941-746-5626**

CR2E083 (9/01)