

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M95000000135**

1. Entity Name  
**JACKSONVILLE RESTAURANT ASSOCIATES LLC, L.C.**



Principal Place of Business

**1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE  
DENVER, CO 80222**

Mailing Address

**1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE  
DENVER, CO 80222**

**DO NOT WRITE IN THIS SPACE**



03082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**84-0865376**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

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IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

04/12/04-80087-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
QUIAT, GERALD M  
1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE  
DENVER, CO 80222**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
QUIAT, ROBERTA N  
1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE  
DENVER, CO 80222**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROTHBERG, GERALD L  
1720 SOUTH BELLAIRE ST., PENTHOUSE SUITE  
DENVER, CO 80222**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #