2001 UNIFORM BUSINESS REPORT (UBR)												
DOCUMENT # A9700002005  1. Entity Name												
JRJ RESTAURANTS LIMITED									FIL	ED.		
Principal Place of Business				Mailing Address					01 HAY -1	AM 11:	: 4.7	
5401 KIRKMAI ORLANDO FL		E 725	5401 KIRKMAN ROAD, SLITE 725 ORLANDO FL 32819			SECRETARY OF STATE TALLAHASSEE FLORIDA						
2. Principal F	TOR BNE		Mailing Address	ie j	Rlva	/			<b>                                    </b>	illa firil fölfi obli	11 <b>0</b> 11 11 <b>1</b> 1	
Suite, Apt.	Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS S	SPACE				
Orlando FL				City & State Onlando FL				4. FEI Numbe	59-3467880			lied For Applicable
Zip				Zip	ip Count			5. Certificate	of Status Desired		\$8.75 Additi	ional
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
KHATIB, RASHID A 5401 KIRKMAN ROAD, SUITE 725 ORLANDO FL 32819						Street A	ddress (F	P.O. Box Number is Not Acceptable)				
							****	44 100 01	TVD OTE	004		
								NDO FL	LVD., STE. 32819	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. (NOT: Registered Agent signature required when reinstating)  DATE												
9. Capital Co			•	10. Amount of Capil in FLORIDA to c	ure required (	men reinstating)	11 MAKE CHEC		TO DEPT OF S	STATE		
as Shown	0.00		ontributions  825,000  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
	NOTE:	SENERAL PAR General Partn	INER THAT ers MAY NO	IS A BUSINESS EN IT be changed on ti	an ame	REGIST ndment	must be filed	d to change a ge	s OFFICE. neral part	ner.		
12. GENERAL PARTNER INFORMATION									ADDRESS CHA	NGES ONL	Y	
DOCUMENT#	1.91.0000005E1				STREE	REET ADDRESS						
NAME STREET ADDRESS	JINJ AGGOOM IEG, INC.							5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819				
CITY-ST-ZIP	ORLANDO	<b></b> ·	IIC /2J		CITY-	ST-ZIP		OHLAND	OFL 3281	<del></del>		
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STREET ADDRESS CITY-ST-ZIP					CITY-S	ST-ZIP						

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 ne same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

RASVICA A ICHAPTION

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CHAMING GENERA PARTNER

Date

SIGNATURE: .