2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000006977

1. Entity Name
RJ'S SANDWICHES OF CENTRAL FLORIDA, L.C.

Principal Place of Business	Mailing Address
1200 HAVENDALE BLVD WINTER HAVEN, FL 33880	1200 HAVENDALE BLVD WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

04062004 No Chg-LLC CR2E063 (10/03)

4. FEI Number
59-3652008

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, MARK G
255 MAGNOLIA AVENUE
WINTER HAVEN, FL 33880

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SATERBO, JOHN M
STREET ADDRESS	1 CYPRESS COVE RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	MGRM
NAME	HEATH, WARREN K II
STREET ADDRESS	2115 JONATHAN LN
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000149800
05/03/04-80200-020 50.00

DO NOT WRITE 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: Warren K. HEATH, II 4/6/04 863-324-0300
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #