

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90013 001 \*\*\*\*50.00

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02182005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L00000011733</b> 1. Entity Name <b>JFR RESTAURANTS, LLC</b>					
Principal Place of Business <b>7582 SAND LAKE RD ORLANDO, FL 32819</b>			Mailing Address <b>7582 SAND LAKE RD ORLANDO, FL 32819</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3679413</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAALI, JESSE 7582 SAND LAKE RD ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name <b>BASSEL MAALI</b> Street Address (P.O. Box Number is Not Acceptable) <b>7582 W. Sand Lake Road</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32819</b>		
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 <u><i>Bassel Maali</i></u> <b>Bassel Maali</b> <b>4/7/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS <input checked="" type="checkbox"/> Delete			10. ADDITIONS/CHANGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM MAALI, JESSE 7582 SAND LAKE RD ORLANDO, FL 32819</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Member Maali Family Trust 7582 W. Sand Lake Road Orlando, FL 32819</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>MANAR MAALI</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>MANAR MAALI</b> <b>4/7/05</b> <b>407-345-9200</b> <small>Date Daytime Phone #</small>		