

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90060 039 \*\*\*\*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

2. Principal Place of Business  
6100 CORTER RD W

3. Mailing Address  
6100 CORTER RD W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-LLC CR2E083 (10/03)

City & State  
BRADENTON, FL

City & State  
BRADENTON, FL

4. FEI Number  
65-1079449

Applied For  
Not Applicable

Zip  
34209

Country  
MANATEE

Zip  
34209

Country  
MANATEE

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

## 6. Name and Address of Current Registered Agent

KETCHUM, SCOTT M ESQ.  
692 GOODLETTE ROAD  
NAPLES, FL 34102

## 7. Name and Address of New Registered Agent

Name

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

City

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. 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 September 8, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

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

Date

Daytime Phone #

7-7-04 941-795-6633