## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT #'L01000001396

1. Entity Name

CARIBBEAN JACK'S RESTAURANT, LLC

**FILED** Apr 28, 2006 08:00 AM Secretary of State

Principal Place of Business

10 COMPASS ROAD FORT LAUDERDALE, FL 33308 Mailing Address

10 COMPASS ROAD FORT LAUDERDALE, FL 33308



01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3705836

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Hame and Address of Current Registered Agent

LYONNAIS, DEBRA A 10 COMPASS ROAD FORT LAUDERDALE, FL 33308

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF BIOSIN

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Date

Daytma Fixne #

| 8. The above<br>the obligat                    | named entity submits this statement for the purpose of chan<br>itons of registered agent. | iging its registere  | d office or registered agent, or bolt                | n, in the State of Florida. Lam familiar with, and accept |
|--|---|--|--|---|
| SIGNATURE                                      | Signature, typed or permed name of requirered agent and title if applicable.              | (PECTE: Nagariered Agent organizate required when remaining) CATE. |  |   |
|  | iling Fee is \$50.00<br>ue by May 1, 2006   |  |  |   |
| \$.  | MANAGING MEMBERS/MANAGERS   |  | I  |   |
| title<br>Name<br>Street adoress<br>City-St-2ip | MGRM<br>LYONNAIS, DEBRA A<br>10 COMPASS ROAD<br>FORT LAUDERDALE, FL 33308                 | _  |  | U88 <b>0</b> 8 <b>0</b> 541328                            |
| TRILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  | 05/10/06-80055-003 50.00  DO NOT WRITE IN THIS SPACE |   |
| TITLE MAME STHEET ADDRESS CITY-ST-ZP           |   |  |  |   |
| RITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP  |   | · —  |  |   |
| TITLE HAME STREET ACCRESS CITY-ST-ZP           |   |  |  | •   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP  |   |  |  |   |

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, 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.

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MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE