


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90188 015 \*\*\*\*50.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L01000006381</b><br>1. Entity Name<br><b>YUMMY BAR B Q, LLC.</b>  |   |  |   |  |  |
| Principal Place of Business<br><b>4949 SOUTHFORK DRIVE<br/>LAKELAND, FL 33813</b>   |   |  | Mailing Address<br><b>4949 SOUTHFORK DRIVE<br/>LAKELAND, FL 33813</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |
| City & State<br><br>Zip      Country  |   |  | City & State<br><br>Zip      Country  |   |  |
| 4. FEI Number<br><b>59-3721194</b>  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  | <b>\$5.00 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HUDGINS, JEAN A<br/>1035 SOUTH FLORIDA AVE., SUITE 235<br/>LAKELAND, FL 33803</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4949 Southfork Drive</b><br>City <b>Lakeland,</b> <b>FL</b> Zip Code <b>33813</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>Jean A. Hudgins</i></u> <b>JEAN A. HUDGINS, CORP. OFFICER</b> <b>1-28-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>HUDGINS, ROBERT H<br/>1035 SOUTH FLORIDA AVE., SUITE 235<br/>LAKELAND, FL 33803</b> | <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>4949 Southfork Drive<br/>Lakeland, FL 33813</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   | <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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <u><i>Jean A. Hudgins</i></u> <b>Jean A. Hudgins</b> <b>1-28-04</b> <b>863-607-9445</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>  |   |  |   |   |  |

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