2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008980

1. Entity Name
NORTH AMERICAN B.B.Q., LLC

Principal Place of Business	Mailing Address
127 N.W. 13TH STREET, BAY #9 BOCA RATON, FL 33432	127 N.W. 13TH STREET, BAY #9 BOCA RATON, FL 33432

01222004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAGNE, SANDRA
127 NW 13TH ST.
BOCA RATON, FL 33432

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

U00000116329
04/16/04-80065-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LARSON, CRAIG
STREET ADDRESS	951 BOLENDER DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGRM
NAME	LARSON, KARIN
STREET ADDRESS	951 BOLENDER DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	MGRM
NAME	GORDON, JAMES
STREET ADDRESS	20320 FAIRWAY OAKS DRIVE, #362
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	MGRM
NAME	GORDON, JUDY
STREET ADDRESS	20320 FAIRWAY OAKS DRIVE, #362
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 4/13/04 561-392-7299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #