2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000019988

Entity Name

J.R. SMOKEHOUSE EXPRESS, LLC



Principal Place of Business

12101 CRESCENT COVE CT WINDERMERE, FL 34786 Mailing Address

12101 CRESCENT COVE CT WINDERMERE, FL 34786

FILED Mar 16, 2006 8:00 am Secretary of State

03-16-2006 90026 036 ****50.00

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03042006 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

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|---|----------------------------------|---|-----------------------------------|----|
|   | 4. FEI Number                    | _ | Applied For                       | _  |
|   | NOT APPLICABLE                   |   | Not Applicab                      | le |
|   | 5. Certificate of Status Desired |   | \$5.00 Additional<br>Fee Required |    |

6. Name and Address of Current Registered Agent

BOZZUTO, JACQUELINE 215 NORTH EOLA DRIVE ORLANDO, FL 32801

SIGNATURE:

SIGNATURE AND EXPED

## DO NOT WRITE IN THIS SPACE

| <ol> <li>The above named unity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.</li> </ol>                                                                                                                                                                                                                                                            |                                                                               |                                                              |       |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------|-------|--|--|--|--|
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE  |  |  |  |  |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | iling Fee Is \$50.00<br>lue by May 1, 2006                                    |                                                              |       |  |  |  |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MANAGING MEMBERS/MANAGERS                                                     |                                                              |       |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | P<br>RIVERS, JOHNNY<br>12101 CRESCENT COVE CT<br>WINDERMERE, FL 34786         |                                                              |       |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                              |       |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | DO NOT V                                                     | WRITE |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | IN THIS S                                                    | PACE  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                              |       |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                              |       |  |  |  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes. |                                                                               |                                                              |       |  |  |  |  |

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE