2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000019988

1. Entity Name

J.R. SMOKEHOUSE EXPRESS, LLC



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Principal Place of Business 12101 CRESCENT COVE CT WINDERMERE, FL 34786 Mailing Address 12101 CRESCENT COVE CT WINDERMERE, FL 34786

FILED Feb 27, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

Date

6. Name and Address of Current Registered Agent

BOZZUTO, JACQUELINE 215 NORTH EOLA DRIVE ORLANDO, FL 32801

SIGNATURE:

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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIVERS, JOHNNY 12101 CRESCENT COVE CT WINDERMERE, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000841387 -03/10/08-80015-012 138.75
TITLE NAME STREET AODRESS CITY-SJ-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information sumplied 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 reserve for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE