


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90024 031 \*\*\*\*55.00

<b>DOCUMENT # L02000007945</b>					
<b>1. Entity Name</b> LENNY'S OF FORT WALTON BEACH, LLC					
<b>Principal Place of Business</b> <i>Esther</i> 208 MARY ESTHER BLVD. MARY ESTHER, FL 32569			<b>Mailing Address</b> PO BOX 4157 FORT WALTON BEACH, FL 32549		
<b>2. Principal Place of Business</b> <i>Same</i>		<b>3. Mailing Address</b> <i>P.O. Box 3028</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> <i>Conroe, TX</i>		<b>4. FEI Number</b> 02-0584792	
<b>Zip</b>		<b>Country</b> <i>77305</i>		<b>Country</b> <i>Montgomery</i>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
FL				FL	
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling)					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, LEN 2417 PALM HARBOR DRIVE FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBERT, JOSEPH O 4515 ALDERS GATE MEMPHIS, TN 38117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, CHESTER 188 COLE ROAD HATTIESBURG, MS 39402	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, CHESTER 188 COLE ROAD HATTIESBURG, MS 39402	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, CHESTER 188 COLE ROAD HATTIESBURG, MS 39402	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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>					
<b>SIGNATURE</b> _____				Date <i>4/15/05</i> Daytime Phone # <i>936/441-7939</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					