

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90098 001 \*\*\*450.00

DOCUMENT # L02000025174  
 1. Entity Name  
 HARRY'S OF ROOSEVELT, LLC



Principal Place of Business: 4495 ROOSEVELT BLVD., SUITE 410 JACKSONVILLE, FL 32210  
 Mailing Address: 1056 N. 3RD STREET JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Zip Country: Country

04262006 Chg-LLC CR2E083 (11/05)  
 4. FEI Number: 22-3875356 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent  
 F & L CORP  
 ONE INDEPENDENT DRIVE  
 SUITE 1300  
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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, 2006** **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, LOUIS 1056 N 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, GREG 1056 N 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHEEL, WILLIAM 1056 N 3RD ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEGLER, STEVE 9995 GATE PKWY N STE 400 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHATTIN, WILLIAM 9995 GATE PKWY N STE 400 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See next page</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **Jeff Jabot** 4/26/06 (904)247-1510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

300010534

LO2000025141

**Additional Managing Members/Managers**

**Add**

Title: Pres  
Name: Jabot, Jeffrey  
Street Address: 1056 N. 3<sup>rd</sup> Street  
City-State-Zip: Jacksonville Beach, FL 32250

**Add**

Title: V.P.  
Name: Jabot, Jesse  
Street Address: 1056 N. 3<sup>rd</sup> Street  
City-State-Zip: Jacksonville Beach, FL 32250