## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000025178

Entity Name: HARRY'S OF JAX BEACH, LLC

9995 GATE PARKWAY N. SUITE 400

JACKSONVILLE, FL 32246

Address:

City-St-Zip:

FILED Apr 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1018 N. THIRD STREET JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** 1056 N. 3RD STREET JACKSONVILLE BEACH, FL 32250 FEI Number: 22-3875356 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F&L CORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SAIG, LOUIS Name: Name: 1056 N. 3RD ST. Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: SAIG, GREG Name: Address: 1056 N. 3RD ST. Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SCHEEL, WILLIAM Name: Name: Address: 1056 N. 3RD ST. Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: KOEGLER, STEVE Name: 9995 GATE PARKWAY N. Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CHATTIN, WILLIAM Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

City-St-Zip:

SIGNATURE: JEFF JABOT PD 04/04/2005