


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90042 036 ****50.00

DOCUMENT # L03000013487

1. Entity Name
DUKE RESTAURANT GROUP, LLC



Principal Place of Business Mailing Address
450-106 STATE ROAD 13 NORTH, STE. 101 JACKSONVILLE FL 32259 **450-106 STATE ROAD 13 NORTH, STE. 101 JACKSONVILLE FL 32259**

2. Principal Place of Business 3. Mailing Address
4320 Deerwood Lake Parkway #106 **450-106 ST. RD 13 N. #101 #101**

City & State City & State
Jacksonville FL **Jacksonville FL**

Zip Country Zip Country
32216 **USA** **32259** **USA**

4. FEI Number Applied For
54-2108363 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



MOORE CR2E083 (4/04)

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President William F. Duke 209 E. Kae Ct. Jax, FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Via President Mark Duke 1116 Dawnce Pl. Jax, FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-9-04 **(904) 642-1885**
 Date Daytime Phone #