


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90073 004 ****50.00

DOCUMENT # L03000018463	
1. Entity Name BROKEN RIB, L.L.C.	

Principal Place of Business 548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711	Mailing Address 548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711
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2. Principal Place of Business 548 US Hwy 27	3. Mailing Address 548 US Hwy 27
Suite, Apt. #, etc. SUITE C	Suite, Apt. #, etc. SUITE C
City & State MINNEOLA, FL	City & State MINNEOLA, FL
Zip 34715	Zip 34715
Country US	Country US



03072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0519444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYETTE, WADE 548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711 MINNEOLA, FL 34715	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HESSBURG, DANIEL J 548 S. HIGHWAY 27, SUITE C CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Daniel J. Hessburg **4/08/05 352)394-1894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #