2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000027459

1. Entity Name
JIMMYJOHN DISTRIBUTING, LLC

Principal Place of Business	Mailing Address
735 EAST WASHINGTON STREET MONTICELLO, FL 32344	POST OFFICE BOX 495 MONTICELLO, FL 32345

04152005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0118147
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, JOHN M III
735 EAST WASHINGTON STREET
MONTICELLO, FL 32344

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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 _____ 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, 2005

000000321631
04/21/05-80085-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MORRIS, JOHN M III
STREET ADDRESS	553 BROCK ROAD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	MGRM
NAME	GANDER, JAMES V JR.
STREET ADDRESS	1493 BLUFF RD
CITY-ST-ZIP	APALACHICOLA, FL 32329
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John Morris John Morris 04/20/05 (850)997-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #