

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000036136	
1. Entity Name PIG OUT BAR-BE-QUE, L.L.C.	

Principal Place of Business 4180 14TH STREET N. ST. PETERSBURG FL 33703	Mailing Address 4180 14TH STREET N. ST. PETERSBURG FL 33703
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 03-0531117	Applied For ☐ Not Applied
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, ROGER 4180 14TH STREET N. ST. PETERSBURG FL 33703	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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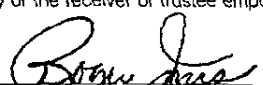
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE (NOTE: Registered Agent signature required when recertifying)
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, ROGER 4180 14TH STREET N. ST. PETERSBURG FL 33703 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 U000000495096 04/20/06-80070-020 50.00 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  ROGER JONES	4/2/06	727-525-4081
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