

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042879

Entity Name: J. RYAN'S ON THE GRILL, LLC

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

8389 S. TAMIAMI TRAIL
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

8389 S. TAMIAMI TRAIL
SARASOTA, FL 34238

New Mailing Address:

FEI Number: 41-2115251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, JAMES R III
1834 MAIN STREET
SARASOTA, FLORIDA, FL 34236 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: BONFRERE, CAROLYN
Address: 1572 STICKNEY POINT RD.
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM () Delete
Name: GONZALEZ, RAFAEL
Address: 10009 LAUREL VALLEY AVE. CIRCLE
City-St-Zip: BRADENTON, FL 34202 US

Title: MGRM () Delete
Name: CHANDLER, JAMES R III
Address: 1834 MAIN STREET
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JAMES R. CHANDLER, III

MGRM

01/31/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date