


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90053 042 \*\*\*\*50.00

<b>DOCUMENT # L04000006090</b>	
1. Entity Name <b>JD'S OUTBACK, LLC</b>	

Principal Place of Business <b>5660 N.E. 139TH COURT SILVER SPRINGS FL 34488</b>	Mailing Address <b>379 GLENWOOD AVENUE SATELLITE BEACH FL 32937</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E083 (10/06)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>FISHER, JAMES 379 GLENWOOD AVENUE SATELLITE BEACH FL 32937</b>
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGRM FISHER, JAMES 379 GLENWOOD AVENUE SATELLITE BEACH FL 32937</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR WELSH, DAN 1140 LAKE CLARKE DR. WEST PALM BEACH FL 33406</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR CHAMPION, ROSS 5904 FERDELL STREET BRADENTON FL 34203</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR GILMAN, JOE 1391 PALMER AVENUE WINTER PARK FL 32789</b> <input checked="" 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
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
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 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **1-18-07 321 7792332**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #