


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2005 8:00 am
Secretary of State

05-09-2005 90048 010 ****50.00

DOCUMENT # L04000028711 1. Entity Name CAPITAL 94, LLC	
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Principal Place of Business 3401 KORI ROAD JACKSONVILLE, FL 32257	Mailing Address 3401 KORI ROAD JACKSONVILLE, FL 32257
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-1225352** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'NEIL SORENSEN, ROBIN
3401 KORI ROAD
JACKSONVILLE, FL 32257

E-MAILED
7/1 9:49 AM

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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	MGRM FIREHOUSE RESTAURANT GROUP, INC. 3401 KORI ROAD JACKSONVILLE, FL 32257 <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: Robin Sorensen Date: 4/28/05 Daytime Phone #: 904.886.8300



30010062

July 7, 2005

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is the Annual Report with signature and federal ID # for Capital 94, LLC,
Document # 104000028711 The filing fee has already been paid for 2005.

Please file the report for 2005.

Should you have any questions or concerns, please feel free to contact me at 904-886-8300 ext#255.

Sincerely,

Sheri L. Kohler
Cash Management Accountant