

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90021 021 ****50.00

DOCUMENT # L04000036695

1. Entity Name
JR-N-JR, LLC



Principal Place of Business
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

Mailing Address
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

20026880



01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1117324 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAIKOFF, NANCY S
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME SHIMBERG, JAMES H JR
STREET ADDRESS 1912 ARDSLEY STREET
CITY-ST-ZIP TAMPA, FL 33629

TITLE MGRM ☐ Delete
NAME PAIKOFF, NANCY S
STREET ADDRESS 1378 FORESTEDGE BLVD.
CITY-ST-ZIP OLDSMAR, FL 34677

TITLE MGRM ☐ Delete
NAME SHIMBERG, ROBERT A
STREET ADDRESS 3214 W. FOUNTAIN BLVD.
CITY-ST-ZIP TAMPA, FL 33609

TITLE MGRM ☐ Delete
NAME SHIMBERG, RICHARD E
STREET ADDRESS 10101 LAKE COVE LANE
CITY-ST-ZIP TAMPA, FL 33618

TITLE MGRM ☐ Delete
NAME KNUST, JANET S
STREET ADDRESS 40100 WHITE TROUT LANE
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4603 W. Estrella
CITY-ST-ZIP 33629

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-4-05 727-441-8966