## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 18, 2005 8:00 am Secretary of State

DOCUMENT # L0400056356  1. Entity Name ADD-A-JACK ENTERPRISES LLC				03-18-2005 90383 035 ****50.00
Principal Place of Business 3150 RICKY DRIVE JACKSONVILLE, FL 32223		Mailing Address 3150 RICKY DRIVE JACKSONVILLE, FL 32223		I (TEMBLI EN ERUN AITH BRAN BRAN CENT SRIBI RING ANTO UND ENTRE IN ERUN
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122005 Chg-LLC CR2E083 (10/03)
City & State		City & State		4. FEI Number Applied For Mot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired  \$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
	ORTH, RANDALL L		Stroat Addr	ess (P.O. Box Number is Not Acceptable)
3150 RICK JACKSON	Y DRIVE VILLE, FL 32223		Street Addit	ess (F.O. Dux 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 eignature re	oquired when reinstating)  DATE
Filing Fee is \$50.00 Due by May 1, 2005  Make check payable Florida Department of \$				
9.	MANAGING MEMBE	ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS	MGR BLOODWORTH, RANDALL L 3150 RICKY DRIVE	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Dalete	TITLE	☐ Change ☐ Addition
NAME OTRICET ADDRESSO			NAME CTREET ADDRESS	
STREET ADDRESS City-St-Zip		. <u>-</u>	STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · ·
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		Delete	TITLE	Change Addition
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STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS : CITY-ST-ZIP	gan mark is a series of state of the series
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: Jene all h & lower 3-15-05 880.3583				
SIGNATURE ON TYPED OR PRINTED NAME OF SIGNING MONGAING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #				

RANDAIL L. BLOODWOTH