


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 27, 2005 8:00 am
Secretary of State

05-10-2005 90046 034 ****50.00

DOCUMENT # L04000056980 1. Entity Name TRADER JACK'S ROADSIDE, LLC					
Principal Place of Business 4425 N. HIGHWAY 17 DELAND, FL 32720			Mailing Address 4425 N. HIGHWAY 17 DELAND, FL 32720		
2. Principal Office Address TRADER JACK'S ROADSIDE, LLC 4425 N. HIGHWAY 17 DELAND, FL 32720			3. Principal Office Address TRADER JACK'S ROADSIDE, LLC 4425 N. HIGHWAY 17 DELAND, FL 32720		
Suite, Apt. #, etc. DELAND, FL 32720		Suite, Apt. #, etc. DELAND, FL 32720		04262005 Chg-LLC CR2E083 (10/03)	
City & State DELAND, FL		City & State DELAND, FL		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32720		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAUTHIER, MICHAEL 4425 N. Hwy 17 DELAND, FL 32720			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 <i>Michael Gauthier</i> (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. REBECCA GALLAGHER 4425 N. Hwy 17 DELAND, FL 32720		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: <i>Rebecca Gallagher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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