

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90098 001 ***450.00

DOCUMENT # L04000073124		
1. Entity Name HARRY'S OF CITRUS PARK, LLC		

Principal Place of Business 11939 SHELDON RD. TAMPA, FL 33635	Mailing Address 1056 N. 3RD STREET JACKSONVILLE BEACH, FL 32250
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30006536

2. Principal Place of Business <u>11935 Sheldon Road</u>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Tampa, FL</u>	City & State
Zip <u>33626</u>	Country



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number 22-3875356	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2006	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	MGR HARRY'S OF AMERICA, INC. 1056 N THIRD ST. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, LOUIS 1056 N. 3rd St. JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHERN RESTAURANT ENTERPRISE, LLC 9995 GATE PARKWAY N STE 400 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIG, GREG 1056 N. 3rd St. JACKSONVILLE BEACH, FL 32250 <input checked="" 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	MGR SCHEEL, WILLIAM 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEGLER, STEVE 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHATTIN, WILLIAM 1056 N. 3RD ST. JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>See next page</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Jeff Jabot</u>	Date: <u>4/26/06</u>	Daytime Phone #: <u>(904)247-1510</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

ATTACHMENT

300010536
L02000025141

Additional Managing Members/Managers

Add

Title:	Pres
Name:	Jabot, Jeffrey
Street Address:	1056 N. 3 rd Street
City-State-Zip:	Jacksonville Beach, FL 32250

Add

Title:	V.P.
Name:	Jabot, Jesse
Street Address:	1056 N. 3 rd Street
City-State-Zip:	Jacksonville Beach, FL 32250