


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90187 004 \*\*\*\*55.00

<b>DOCUMENT # L04000075287</b> 1. Entity Name <b>SMOKIN JIM'S BARBEQUE, LLC</b>					
Principal Place of Business <b>2037 14TH STREET NW WINTER HAVEN, FL 33881 US</b>			Mailing Address <b>2037 14TH STREET NW WINTER HAVEN, FL 33881 US</b>		
2. Principal Place of Business <b>3615 Haven Lake Blvd</b>		3. Mailing Address <b>P.O. Box 3787</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Auburn Lake, FL</b>		City & State <b>Winter Haven, FL</b>		4. FEI Number <b>20-1859252</b>	
Zip <b>33823</b>		Country <b>Pol/K</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RABE, JAMES W IV 2037 14TH STREET NW WINTER HAVEN, FL 33881</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 re-registering) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RABE, JAMES W IV 2037 14TH STREET NW WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM John May Jr 560 EAST LK EIBERT DR. WINTER HAVEN, FL 33881</b> <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	<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	
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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.					
<b>SIGNATURE:</b> <i>James W. Rabe</i>			Date <b>8-20-05</b>		Daytime Phone # <b>863-206-7158</b>

**20066985**



06302005 Chg-LLC CR2E083 (10/03)