


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 10, 2005 8:00 am
Secretary of State

05-02-2005 90094 016 ***150.00

DOCUMENT # L04000083089	
1. Entity Name FULLY INVOLVED, LLC	

Principal Place of Business 3410 KORI ROAD JACKSONVILLE, FL 32257	Mailing Address 3410 KORI ROAD JACKSONVILLE, FL 32257
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30009197



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0824935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SORENSEN, ROBIN O 3410 KORI ROAD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 reappointing) 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	MGRM FIREHOUSE RESTAURANT GROUP, INC. 3410 KORI ROAD JACKSONVILLE, FL 32257 <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	MGR FIRE-4, INC. 3410 KORI ROAD JACKSONVILLE, FL 32257 <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.

SIGNATURE:  **Robin Sorensen** 4/28/05 904.886.8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



30609197

L04000083089

June 8, 2005

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

In response to the May 31, 2005, notices received from the Florida Department of Revenue, enclosed are the completed annual reports for Fully Involved, LLC, Document # L04000083089, and Firehouse of America, LLC, Document # L04000083094. The Federal ID numbers have been added for both corporations.

When the filing fee for these annual reports was remitted, an incorrect amount of \$150 each was paid. Because these corporations are LLCs, the filing fee should have been \$50.00 each. Please process a refund for \$200 for this difference.

Should you have any questions or concerns, please feel free to contact me at 904-886-8300 ext#255.

Sincerely,

Sheri L. Kohler
Cash Management Accountant