


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000021469 1. Entity Name SKIPPER JOE'S, L.L.C.	
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Principal Place of Business 7301 SW 57 COURT STE. 545 SOUTH MIAMI, FL 33143	Mailing Address 7301 SW 57 COURT STE. 545 SOUTH MIAMI, FL 33143
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3977430	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MULLER, CHARLES E II 7385 GALLOWAY ROAD, SUITE 200 MIAMI, FL 33173

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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 (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEINOFF, ANDREW 7301 SW 57 COURT, STE. 545 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEINOFF, ELLEN 7301 SW 57 COURT, STE. 545 SOUTH MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEMONS, NATALIE 7301 SW 57 COURT, STE. 545 SOUTH MIAMI, FL 33143
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<p>U00000737865 05/11/07-80044-024 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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.
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SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4-23-07 <small>Date</small>	<small>Daytime Phone #</small>
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ANDREW M. LEINOFF, PRESIDENT