

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088430

FILED
Mar 20, 2008
Secretary of State

Entity Name: THE LEGENDARY JC'S, LLC

Current Principal Place of Business:

595 W. CHURCH ST. #636
ORLANDO, FL 32805

New Principal Place of Business:

4849 INDIANA AVE.
WINTER PARK, FL 32789

Current Mailing Address:

595 W. CHURCH ST. #636
ORLANDO, FL 32805

New Mailing Address:

4849 INDIANA AVE.
WINTER PARK, FL 32789

FEI Number: 32-0220175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHODORCOFF, BRIAN
709 JULIAN STREET
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

DEAN, DAVID L
3025 HARRISON AVE.
ORLANDO, FL 32804 US

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.

SIGNATURE: DAVID L.N. DEAN

03/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHADORCOFF, BRIAN
Address: 709 JULIAN STREET
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: SNOWDEN, EUGENE
Address: 344 BRASSIE DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: AMEDURI, RALPH
Address: 2233 OGLESBY AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: STIRLING, JOHN
Address: 67 LENOX ROAD
City-St-Zip: ATHENS, GA 30606

Title: MGR () Delete
Name: WATSON, CLAY
Address: 2013 OGLESBY AVENUE, #B
City-St-Zip: WINTER PARK, FL 32789

Title: MGR (X) Delete
Name: MACKIE, BRIAN
Address: 595 W. CHURCH ST. #636
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHODORCOFF, BRIAN
Address: 709 JULIAN STREET
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: AMEDURI, RALPH
Address: 4849 INDIANA AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID L.N. DEAN

AGT

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date