# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# L08000058415

**Entity Name:** JP'S BAR-B-QUE CAPE CORAL - FD-23, LLC

**Current Principal Place of Business:**

13180 NORTH CLEVELAND AVENUE, SUITE 111
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

13180 NORTH CLEVELAND AVENUE, SUITE 111
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITESMAN, GUY E
1715 MONROE STREET
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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: _____
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | MGR | ( ) Delete |
| Name: | GYARMATHY, JAMES P | |
| Address: | 13180 NORTH CLEVELAND AVENUE, SUITE 111 | |
| City-St-Zip: | NORTH FORT MYERS, FL 33903 | |
| Title: | P | ( ) Delete |
| Name: | GYARMATHY, JAMES P | |
| Address: | 13180 NORTH CLEVELAND AVENUE, SUITE 111 | |
| City-St-Zip: | NORTH FORT MYERS, FL 33903 | |
| Title: | V | (X) Delete |
| Name: | POLVERARI, BONNIE D | |
| Address: | 13180 NORTH CLEVELAND AVENUE, SUITE 111 | |
| City-St-Zip: | NORTH FORT MYERS, FL 33903 | |
| Title: | V | (X) Delete |
| Name: | MONTGOMERY, MONICA | |
| Address: | 13180 NORTH CLEVELAND AVENUE, SUITE 111 | |
| City-St-Zip: | NORTH FORT MYERS, FL 33903 | |
| Title: | ST | ( ) Delete |
| Name: | GYARMATHY, JAMES P | |
| Address: | 13180 NORTH CLEVELAND AVENUE, SUITE 111 | |
| City-St-Zip: | NORTH FORT MYERS, FL 33903 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: JAMES GYARMATHY MGR 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date