FILE	NOW: Fee afte	r May	1, will be \$	588.75			OVED		
1	D LIABILITY COMPANY ANNUAL REPORT 1997	F	FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORP	ortham State	Gol Suite	S. Have	EO OUF AH	Island Uw. 9:21	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					Tampall AHASSEE FLORIDA				
1. Name a	and Mailing Address ted Liability Company	1 7							
J#	ACKSON'S BISTRO AN 81 9 MAIN STREET #6 ARASOTA FL 34236			18. Principal Place of Susiness Address 819 MAIN STREET #610 SARROOTA FL 34236					
If above mailing address is incorrect in any way, line through incorrect 2 Principal Place of Business 2a. Mallin			I information and enter corning Address	ection in Block 2a.	3. Date Organiza	3. Date Organized or Qualified 3a. State of Formation			
575			3 Isanda	1	09/04/1996 FL				
Suite, Apt. #, etc. Suit		Suite, Apt	/t. #, etc.		4. FEI Number Applied For				
City & Stat	1 ·		ate	65-07	0154	6	Not Applicable		
Zip Country		Saras	sota, FL Countr	·v	5. Date of Last Report		6. Certific	cate of Status Desired	
214	County	34231		SA			\$8.75 Addi	tional Fee Reguired	
	7. Name and Address of Current	Registered		Name	8. Name and Add	ress of New Re	gistered A	gent	
its registered office or registered agent, or both, in the State of Florida. Such char as registered agent, and accept the obligations.				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code E L above-named limited liability company submits this statement for the purpose of changing as authorized by affirmative vote of a majority of the members. I hereby accept the appointment					
SIGNATUI	(Registered Agent Accepting	7	Registered Agent signature required when rematating)			~	- 4 .		
10. Title	Title Managing Members/Managers		Business Street Address			City, State and Zip Code			
MGR DIDC, INC.			819 MAIN STREET #610			 \$arasot <i>i</i>	A FL		
MGR DIDC, INC. 1 MGR Profitable Solutions, Inc.			5753 Team da Pl			,		34231-4929	
	Trof Tr						,	3456 1190013 *****208.75	
11. Ido 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 annual 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 empty and to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.									
SIGN	IATURE:	(Gregory	J. 59	tinson	4-8-97	941	1-924-4996	