

2001 UNIFORM BUSINESS REPORT (UBR)

0019669 AF

DOCUMENT # L97000000640

1. Entity Name
JACKY'S & JANNY'S-CONTINENTAL RESTAURANT LIMITED

FILED

01 JUN -1 AM 9:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O 1402 SE 46TH LN
 CAPE CORAL FL 33904

Mailing Address
 C/O HILL & COMPANY
 1318 LAFAYETTE STREET
 CAPE CORAL FL 33904
Donald R. Rhodes CPA

2. Principal Place of Business
 12901 Mcgregor Blvd
 Suite, Apt. #, etc.
 # 6

3. Mailing Address
 1402 SE 46TH Ln
 Suite, Apt. #, etc.

City & State
 Fort Myers Florida
 Cape-Coral Florida

Zip
 33919 Lee
 33904 Lee

4. FEI Number
 65-0868308

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HILL, THOMAS W
 1318 LAFAYETTE STREET
 CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
 Name *Donald R. Rhodes C.P.A*
 Street Address (P.O. Box Number is Not Acceptable)
 1402 SE 46TH Lane
 City *Cape-Coral* FL Zip Code *33904*

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.

SIGNATURE *Donald R. Rhodes CPA* - Donald R. Rhodes DATE *5/29/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

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 -06/15/01--01064--020
 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SINGH, HARBANS 1318 LAFAYETTE STREET CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SINGH, SONIA 1318 LAFAYETTE STREET CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES *****55.00

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Signature* DATE: *4-27-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)