


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L97000000640</b> 1. Entity Name <b>JACKY'S &amp; JANNY'S-CONTINENTAL RESTAURANT LIMITED COMPANY</b>	
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<b>Principal Place of Business</b> 12901 MCCREGOR BLVD #B FORT MYERS, FL 33919	<b>Mailing Address</b> C/O DONALD RHODES 1402 SE 46TH LANE CAPE CORAL, FL 33904
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0868308</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DONALD R RHODES, CPA**  
1402 SE 46TH LANE  
CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**

7. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (Not L Registered Agent signature required when renewing) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SINGH, HARBANS</b> 1402 S.E. 46TH LANE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>SINGH, SONIA</b> 1402 S.E. 46TH LANE CAPE CORAL, FL 33904
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02/10/04-80033-012 50.00

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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 606, Florida Statutes.

**SIGNATURE:** Harban Singh 1/30/04  
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS EXECUTIVE MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #