


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000002113	
1. Entity Name JACK'S SQUARE SMITH, L.L.C.	

Principal Place of Business 916 BENEDICT CANYON BEVERLY HILLS CA 90210-C	Mailing Address 4221 WILSHIRE BL #430 LOS ANGELES CA 90010
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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BAKER, PETER 500 EAST KENNEDY BLVD., SUITE 200C TAMPA FL 33602	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State (FL) Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent Signature required when reinstating)	DATE
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<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004</p>		
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINCHASI, ABRAHAM 916 NORTH BENEDICT CANON ROAD BEVERLY HILLS CA 90210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000028539 02/04/04-80032-010 50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINCHASI, EDDIE 916 BENEDICT CANYON BEVERLY HILLS CA 90210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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