2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: Care

DOCUMENT # L98000002113 1. Entity Name JACK'S SQUARE SMITH, L.L.C.					Feb 02, 2004 08:00 AM Secretary of State				
	<u>,, </u>				_				
Principal Plac	e of Business	Mailing Address	Mailing Address						
916 BENEDICT CANYON BEVERLY HILLS CA 90210-¢		4221 WILSHIRE BL #430							
			LOS ANGELES CA 90010			::::::::::::::::::::::::::::::::::::::	55!!! ball: 22!!?	11 99 1 11991 11992 23	(22.)() (22.)
2 Procipat P	lace of Business	3. Mailing Address			-				
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Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apr #, etc.		7	MOORE	CR2E08	3 (11/03)	
City & State		City & State		4. FEI Nur	nber		I Āp	plied For	
		<u></u>			95-4707611	l		t Applicable	
Zip Country		Zιp	Zip Country		5. Certifica	ate of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New R			
				Name					
BAKER, PETER 500 EAST KENNEDY BLVD., SUITE 200C TAMPA FL 33602				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
	named entity submits this statement from sof registered agent.	or the purpose of changing it	ts register	ed office or registi	ered agent, or	both, in the State of Flo	onda, Iam	familiar with.	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and the dameseable (Alf	OTE Property	d Agant Signature requir	and whom to match and	<u></u>	DATE	<u> </u>	<u> </u>
	Signature, 19 pag or printed to the artegistered agent		·····			4 ~ 7	LIAIL,		. 5.
		Make Check Paya		FEE IS \$50.00 orida Departm					
				ay 1, 2004	J				
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	CHANGES		
TITLE	MGR	☐ Delete	TETLE	E		U00000028)500	☐ Change	Addition
NAME STREET ADDRESS	PINCHASI, ABRAHAM 916 NORTH BENEDICT CANON ROAD BEVERLY HILLS CA 90210		NAM	E ET ADDRESS		02/04/04-80032-010 50.			
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CITY-ST-ZIP	certify that the information supplied will	this filing does not mustice 6		-ST-ZIP	Section 110 07	(200) Elorida Cistutes	l forther an	ridu that the fe	rinematic -
indicated	on this report is true and accurate and billity company or the receiver or truste	that my signature shall hav	e the same	e legal effect as if	made under o	ath; that I am a manag	ging memb	er or manage	r of the

ME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Device Proper

FILED