


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

<b>DOCUMENT # L98000002116</b> 1. Entity Name <b>JACK'S SQUARE PINCHASI, L.L.C.</b>					
Principal Place of Business <b>916 BENEDICT CANYON BEVERLY HILLS CA 90210</b>			Mailing Address <b>4221 WILSHIRE BL #430 LOS ANGELES CA 90010</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>95-4707608</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>BAKER, PETER 500 EAST KENNEDY BOULEVARD, SUITE 200C TAMPA FL 33602</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINCHASI, ABRAHAM		NAME		
STREET ADDRESS	7385 SANTA MONICA BLVD		STREET ADDRESS		
CITY - ST - ZIP	WEST HOLLYWOOD CA 90046		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINCHASI, EDDIE		NAME		
STREET ADDRESS	7385 SANTA MONICA BLVD		STREET ADDRESS		
CITY - ST - ZIP	WEST HOLLYWOOD CA 90046		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PINCHASI, YAFFA		NAME		
STREET ADDRESS	7385 SANTA MONICA BLVD		STREET ADDRESS		
CITY - ST - ZIP	WEST HOLLYWOOD CA 90046		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY - ST - ZIP			CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E083 (11/03)

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE