2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001349

1. Entity Name SONIC FLORIDA NO. 2, LLC



FILED
Mar 18, 2004 08:00 AM
Secretary of State

Principal Place of Business

1006 TREETOPS BLVD., SUITE 100 IACKSON, MS 39232

Mailing Address
PO BOX 320159
JACKSON, MS 39232-0159

DO NOT WRITE IN THIS SPACE



01132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 64-0947424

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

SAMMONS, ROBERT O ESQ C/O FLOYD AND SAMMONS, P.A. 1556 SIXTH STREET, SE WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha- lions of registered agent.	nging its registered	d office or registered agent, or both, in t	the State of Florida. I am Iamiliar	with, and accept	
SIGNATURE Speature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstalling) DATE				
Fi D	iling Fee is \$50.00 ue by May 1, 2004					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS GIFY-ST-ZIP	MGRM DL INVESTMENTS, LLC 1006 TREETOPS BLVD., SUITE 100 JACKSON, MS 39232			U00000091842 03/18/04-80025-002 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			03/1			
TITLE NAME STREET ADDRESS CITY: ST-ZIP			DO N	OT WRITE		
TITLE NAME STREFT ADDRESS CITY+ST+ZIP			IN TH	IIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST-ZIP				man.		
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11. I hereby certify that the information sumplied with this filling 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 it made under oats; 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:

NAME STREET ADDRESS CITY - ST - 71P

3/16/04

601-664 0054