


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000004247

1. Entity Name
JIMMY "O" GROUP, LLC



Principal Place of Business 3700 EAST U.S. 30 MERRILLVILLE, IN 46410	Mailing Address 3700 EAST U.S. 30 MERRILLVILLE, IN 46410
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DO NOT WRITE IN THIS SPACE



02152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0441734	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEIN, LAURA E
5540 LYONS ROAD #102
COCONUT CREEK, FL 33073**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BURELLI, GINO II 9911 WEST 300 NORTH MICHIGAN CITY, IN 47360
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINNER, TODD 800 CANONIE DRIVE CHESTERTON, IN 46304
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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)(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:  **TODD FINNER** **4-8-05** **219983-1344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #