2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 04, 2006 08:00 AM Secretary of State DOCUMENT # P04000048936 JAX DOWNTOWN RESTAURANTS, INC. Principal Place of Business Mailing Address 7006 ATLANTIC BLVD 7006 ATLANTIC BLVD JACKSSONVILLE FL 32211-8706 JACKSSONVILLE FL 32211-8706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 57-1200974 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEEHAN, MICHAEL T.J. Street Address (P.O. Box Number is Not Acceptable) 7006 ATLANTIC BLVD JACKSSONVILLE FL 32211-8706 Zip Code City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Additi ☐ Delete NAME NAME MEEHAN, MICHAEL T.J. STREET ADDRESS 7006 ATLANTIC BLVD STREET ADDRESS CITY-ST-ZIP JACKSSONVILLE FL 32211-8706 CITY-ST-7IP ☐ Change Addin VΡ TITLE ☐ Delete DILE U00000562062 JOSEPH, LOUIS M NAME NAME 05/19/06-80040-012 150.00 STREET ADDRESS STREET ADDRESS 7006 ATLANTIC BLVD CITY-ST-ZIP JACKSSONVILLE FL 32211-8706 CITY-ST-ZIP ☐ Change TITLE ☐ Delete THE T Addition NAME NAME BURKE, RONALD D STREET ADDRESS STREET ADDRESS 7006 ATLANTIC BLVD JACKSSONVILLE FL 32211-8706 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Add" TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete nne ☐ Channe ☐ Add" TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, with all other like empowered.

FILED