

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036724

Entity Name: FRUIT COVE CAFES LLC

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

450-106 STATE RD 13N
SUITE 101
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

450-106 STATE RD 13N
SUITE 101
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MONAKEY, SAMINA H
11945 SAN JOSE BLVD
SUITE 201
JACKSONVILLE, FL 32223 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUKE, WILLIAM
Address: 450-106 SR 13N, #101
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete
Name: DUKE, MARK
Address: 450-106 SR 13N, #101
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM DUKE

OWNE

05/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date