

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90140 005 \*\*\*138.75



DOCUMENT # L07000009619

1. Entity Name

MIRAMAR COFFEE, LLC

Principal Place of Business

1708 SCENIC GULF DR.  
 MIRAMAR BEACH FL 32550

Mailing Address

1708 SCENIC GULF DR.  
 MIRAMAR BEACH FL 32550

2. Principal Place of Business - No P.O. Box #

AS ABOVE

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-8342075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

1st MOORE

CR2E083 (10/07)



6. Name and Address of Current Registered Agent

MCNEESE, RICHARD S  
 36468 EMERALD COAST PARKWAY  
 SUITE 1201  
 DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

S AME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

*Bill Taylor*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75.**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  Delete  
 NAME: TAYLOR, WILLIAM W III  
 STREET ADDRESS: 1708 SCENIC GULF DRIVE  
 CITY-ST-ZIP: MIRAMAR BEACH FL 32550

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
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 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

11. 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 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:

*William W Taylor*

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

Date

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