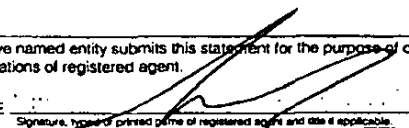
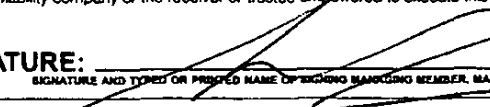


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

05-01-2006 90080 038 ****50.00

DOCUMENT # L05000044014			
1. Entity Name LEAF CAFE TEA, LLC			
Principal Place of Business MARCK ZEPHIRIN 239 31ST CT., #2 WEST PALM BEACH, FL 33407		Mailing Address MARCK ZEPHIRIN 239 31ST CT., #2 WEST PALM BEACH, FL 33407	
2. Principal Place of Business P.O. Box 530536 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 530536 Suite, Apt. #, etc.	
City & State Lake Park, FL		City & State Lake Park, FL	
Zip 33403		Zip 33403	
Country Palm Beach		Country Palm Beach	
4. FEI Number 20-2551312		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ZEPHIRIN, MARCK 239 31ST CT #2 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name: Marck Zephirin Street Address (P.O. Box Number is Not Acceptable): 1406 Flagler Blvd. City: Lake Park FL Zip Code: 33403	
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  Signature, typed or printed name of registered agent and title is applicable		DATE 8/3/06 (NOTE: Registered Agent signature required when releasing)	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marck Zephirin 1406 Flagler Blvd. Lake Park, FL 33403 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 8/3/06 Daytime Phone # 561-249-4422	

30013229



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