2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000012949

1. Entity Name

JAVA HUB, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 AM 10:54

1st MOORE CR2E083 (10/04)

Principal Place of Business	Mailing Address
239 W. MIAMI AVENUE VENICE FL 34285	239 W. MIAMI AVENUE VENICE F: 34285

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1048221 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FEDER, SAM~~ 239 W. MIAMI AVENUE VENICE FL 34285	Name: Linda Chambers Street Address (P.O. Box Number is Not Acceptable): 239 W. Miami Ave Venice, FL City: Venice FL Zip Code: 34285

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: Linda Chambers DATE: 2/19/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	~~MGRM~~ Owner ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, LINDA	NAME	
STREET ADDRESS	239 W. MIAMI AVENUE	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	01/11/05 01004 025 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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)(i), 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: Linda Chambers 2/19/05 941 4884400

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