2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # L00000012949 1. Entity Name JAVÁ HUB, L'LC Mailing Address Principal Place of Business 239 W. MIAMI AVENUE 239 W. MIAMI AVENUE VENICE, F: 34285 VENICE, FL 34285 CR2E083 (11/05) 01212006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 65-1048221 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE CHAMBERS, LINDA 239 W. MIAMI AVENUE VENICE, FL 34285 IN THIS SPACE 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS Đ. MGRM mle CHAMBERS, LINDA NAME 239 W. MIAMI AVENUE STREET ADDRESS VENICE, FL 34285 CHEV-ST-20P U00000432407 02/23/06-80068-009 50.00 TSTLE NAME STREET ADDRESS CSTY-ST-ZUP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 1371 F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CSTY-ST-Z)P TITLE NAME STREET ADDRESS City-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 flability pempeny or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED

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