

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001822

Entity Name: S & V SOFT SERVE, LLC

FILED
Jan 31, 2004
Secretary of State

Current Principal Place of Business:

1207 UNITED ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

2907 FOGARTY AVE.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-1075196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOLLUM, SCOTT F
2907 FOGARTY AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: MCCOLLUM, SCOTT F
Address: 2907 FOGARTY AVE.
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: MCCOLLUM, VICTORIA A
Address: 2907 FOGARTY AVE.
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: DOYLE, RUSSELL S
Address: 2907 FOGARTY AVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: DOYLE, RUSSELL S
Address: 2907 FOGARTY AVE
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT F. MCCOLLUM

MGR

01/31/2004

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