## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Feb 15, 2006 8:00 am Secretary of State 02-15-2006 90132 007 \*\*\*\*50.00

| SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2006  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  INLE  MARK REALEJO, FRANK SIREE ADDRESS CITY-ST-2IP  INLE  MARK REALEJO, FRANK SIREE ADDRESS 1001 PONCE DE LEON BLVD SIREET ADDRESS 1001 PONCE DE LEON BLVD SIREET ADDRESS CITY-ST-2IP  INLE  MARK REALEJO, MARIA G SIREET ADDRESS CITY-ST-2IP  INLE  MARK MARK MARK REALEJO, MARIA G SIREET ADDRESS CITY-ST-2IP  INLE  MARK MARK MARK MARK MARK MARK MARK MAR  | 1. Entity Nam  | ne ⊿*                   | # L01000002<br>DONUTS, LLC   | 194                          |          |  | 02-15-2006 9   | 90132 007                       | 7 ****5                         | 0.00                    |                     |  |  |
|--|--|-------------------------|------------------------------|------------------------------|----------|--|--|---------------------------------|---------------------------------|-------------------------|---------------------|--|--|
| Sulfe, Apl. 4, etc.    Sulfe, Apl. 4, etc.   Sulfe, Apl. 4, etc.   Sulfe, Apl. 4, etc.   City & State   Cry & State   A, FE Number   D6-1631470   Next Applicable For D6-163140    | 1001 PONCE   | E DE LEON 8             |                              | 1001 PONCE DE LEON BLVD.     |          |  | - Andrews of the state of the s | (( PRIBI (IBI) 24 5) 88    88 5 |                                 | -                       | nni ili irgi        |  |  |
| City & State  Ci   | 2. Principal Place of Business   |                         |                              | 3. Mailing Address           |          |  |  |                                 |                                 |                         |                     |  |  |
| State   Country   ZD   Country   S. Conficted of Status Desired   S. Do Additional   S.     | Suite, Apt. #. etc.  |                         |                              | Suite, Apt. #, etc.          |          |  | 01032006   | Chg-LLC                         | CR2E083 (                       | (11/05)                 |                     |  |  |
| S. Confliction of Status Destree   For Regulated   For Regulat   | City & State   |                         |                              |                              |          |  |  |                                 | _ <del></del>                   |                         |                     |  |  |
| Name   Street Address (P.O. Box Number is Not Acceptable)  | Zip<br>  | Country                 |                              | ·-   <del></del>             |          | itry   | 5. Certificate   | e of Status Desired             |                                 |                         |                     |  |  |
| Street Address (P.O. Box Number is Not Acceptable)   |  | 6. Name                 | and Address of Current F     | Registered Agent             |          |  |  |                                 |                                 |                         |                     |  |  |
| Ether provided and such as the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent agent agent agent of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent agen   | 1001 PONCE DE LEON BLVD.   |                         |                              |                              |          | Street Address (P.O. Box Number is Not Acceptable) |  |                                 |                                 |                         |                     |  |  |
| B. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Honda. I am familier with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Due by May 1, 2006  Filling Fee is \$50.00  Due by May 1, 2006  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  INTEL  INTEL  MARY  REALEJO, FRANK  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  MAKE  REALEJO, FRANK  SIREST ADDISSS  CITY-51 2P  TO PONCE DE LEON BLVD  SIREST ADDISSS  CITY-51 2P  ST AUGUSTINE, FL  Delete  INTEL  MORM  REALEJO, MARIA G  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  REALEJO, MARIA G  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  REALEJO, MARIA G  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  REALEJO, SRANK  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  REALEJO, SRANK  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  REALEJO, MARIA G  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  REALEJO, MARIA G  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  MORM  REALEJO, MARIA G  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  MORM  MEDEIROS, ROBERT E  TOOI PONCE DE LEON BLVD  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  MORM  MEDEIROS, ROBERT E  TOOI PONCE DE LEON BLVD  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  MEDEIROS, ROBERT E  TOOI PONCE DE LEON BLVD  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  MEDEIROS, MARIE !  TOOI PONCE DE LEON BLVD  SIREST ADDISSS  CITY-51 2P  TITLE  MORM  MEDEIROS, MARIE !  TOOI PONCE DE LEON BLVD  SIRET ADDISSS  CITY-51 2P  TITLE  MORM  MORM  MEDEIROS, MARIE !  TOOI PONCE DE LEON BLVD  SIRET ADDISSS  CITY-51 2P  TITLE  MORM  MORM  MORM  MEDEIROS, MARIE !  TOOI PONCE DE LEON BLVD  SIRET ADDISSS  CITY-51 2P  TITLE  MORM  MORM  MORM  MORM  MORM  MORM  MORM  MORM  SIRET ADDISSS  CITY-51 2P  TITLE  MORM  MORM  MORM  MORM  MORM  MORM  SIRET ADDISSS  CITY-51 2P  TITLE  MORM  MORM  MORM  MORM  MORM  MORM  SIRET ADDISSS  CITY-51 2P  TITLE  MORM  MOR | ********   |                         | غ                            |                              | :        |  |  | * TOTAL ALIA                    |                                 |                         |                     |  |  |
| SIGNATURE    Siling Fee is \$50.00   Due by May 1, 2006   Due by May 1, 2  |  |                         |                              |                              |          | City   |  |                                 | FL                              | Zip Code                | ,                   |  |  |
| Filing Foe is \$50.00  Due by May 1, 2006  Filing Foe is \$50.00  Due by May 1, 2006  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  INTEL  REALEJO, FRANK SINES AUDITIONS  ON FORCE DE LEON BLVD SINEST AUDITIONS  TO PONCE DE LEON BLVD SINEST AUDITIONS  SINEST AUDITIONS  TO PONCE DE LEON BLVD SINEST AUDITIONS  TO 101 PONCE DE LEON BLVD SINES | 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 |                         |                              |                              |          |  |  |                                 |                                 |                         |                     |  |  |
| P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  INLE MGR. Change Addition  REALEJO, FRANK SIREH ADDRESS 1001 PONCE DE LEON BLVD STREET ADDRESS 1001 PONCE DE LEON BLVD STAUGUSTINE, FL 1001-S1-2P    | SIGNATURE  |                         |                              |                              |          |  |  |                                 |                                 |                         |                     |  |  |
| ITILE MGR PEALEJO, FRANK SITEET ADDRESS 1001 PONCE DE LEON BLVD STAUGUSTINE, FL  ITILE MGRM REALEJO, FRANK SITEET ADDRESS 1001 PONCE DE LEON BLVD STREET ADDRESS 1001 PONCE DE   | Filing Fee is \$50.00<br>Due by May 1, 2006  |                         |                              |                              |          |  |  |                                 |                                 |                         | <b>,</b>            |  |  |
| INME SIREE AUDRESS 1001 PONCE DE LEON BLVD STREET ADDRESS STAUGUSTINE, FL  IIILE MGRM REALEJO, FRANK SIREET ADDRESS 1001 PONCE DE LEON BLVD SIREET ADDRESS 1001 PONCE DE LEON BLVD SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM REALEJO, MARIA G SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM MEDEIROS, ROBERT E SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM MEDEIROS, ROBERT E SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM MEDEIROS, ROBERT E SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM MEDEIROS, MARIE I SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM MEDEIROS, MARIE I SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM MEDEIROS, MARIE I SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM MEDEIROS, MARIE I SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MGRM MEDEIROS, MARIE I SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  ST. AUGUSTINE, FL  IIILE MAME SIREET ADDRESS CITY ST 2P  COTY    |  | Luca                    | MANAGING MEMBER              | <b>.</b>                     |          | · · · · · · · · · · · · · · · · · · ·              |  | ADDITIONS/C                     |                                 |                         |                     |  |  |
| CITY-ST-ZIP  ST AUGUSTINE, FL  TILE  MGRM  REALEJO, FRANK  STREET ADDRESS  CITY-ST-ZIP  TILE  MGRM  MAKE  REALEJO, MARIA G  STREET ADDRESS  CITY-ST-ZIP  TILE  MGRM  MAKE  REALEJO, MARIA G  STREET ADDRESS  CITY-ST-ZIP  TILE  MGRM  MEDETROS, ROBERT E  ST AUGUSTINE, FL  TILE  MGRM  MEDETROS, ROBERT E  STREET ADDRESS  CITY-ST-ZIP  TILE  MGRM  MEDETROS, ROBERT E  STREET ADDRESS  CITY-ST-ZIP  TILE  MGRM  MEDETROS, MARIE I  TILE  MGRM  MEDETROS  TO ADDRESS  CITY-ST-ZIP  TO ADDRESS  CITY-ST-ZIP  TO ADDRESS  CITY-ST-ZIP   |  | · ·                     |                              | 🖎 Delete                     |          |  |  |                                 | Ц                               | : Change                | [_] Addition        |  |  |
| INLE MGRM REALEJO, FRANK SIBET ADDRESS 1001 PONCE DE LEON BLVD SIRET A   |  |                         |                              |                              |          |  |  |                                 |                                 |                         |                     |  |  |
| HMAE SIRET ADDRESS CITY-ST-ZIP ST AUGUSTINE, FL HILE MGRM REALEJO, MARIA G SIRET ADDRESS CITY-ST-ZIP HILE MGRM REALEJO, MARIA G SIRET ADDRESS CITY-ST-ZIP HILE MGRM MEDEIROS, ROBERT E SIRET ADDRESS CITY ST ZIP ST AUGUSTINE, FL HILE MGRM MEDEIROS, ROBERT E SIRET ADDRESS CITY-ST-ZIP HILE MGRM MEDEIROS, ROBERT E SIRET ADDRESS CITY-ST-ZIP HILE MGRM MEDEIROS, MARIE I SIRET ADDRESS CITY-ST-ZIP HILE MGRM MEDEIROS, MARIE I HILE MAME SIRET ADDRESS CITY-ST-ZIP MAME SIRET ADDRESS CITY-ST-ZIP MAME SIRET ADDRESS CITY-ST-ZIP MAME SIRET ADDRESS   |  | ·                       |                              | Delete                       |          |  |  |                                 |                                 | Change                  | ☐ Addition          |  |  |
| CITY-ST-ZIP  ITTLE MGRM REALEJO. MARIA G STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, ROBERT E STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, ROBERT E STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM STREET ADDRESS CITY ST ZIP  TITLE MGRM STREET ADDRESS CITY ST ZIP  TITLE MAME STREET ADDRESS CITY ST ZIP  TITLE MGRM STREET ADDRESS CITY ST ZIP  TITLE MAME STREET ADDRESS CITY ST ZIP  TITLE MGRM STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MAME STREET ADDRESS CITY ST ZIP  TITLE MAME STREET ADDRESS CITY ST ZIP  TITLE MAME STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  TITLE MAME MAME    | HAIKE  | REALEJO, FRANK          |                              |                              | NAME     |  |  |                                 | _                               | D0g-                    | <u> </u>            |  |  |
| NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL  ITILE MGRM MEDEIROS, ROBERT E STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL  ITILE MGRM MEDEIROS, ROBERT E STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL  ITILE MGRM MEDEIROS, ROBERT E STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL  ITILE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  ITILE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  ITILE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  ITILE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP  ITILE ITILE MAME STREET ADDRESS CITY ST ZIP  ITILE ITILE MAME STREET ADDRESS CITY ST ZIP  ITILE ITI   |  | į.                      |                              |                              | - 1      |  |  |                                 |                                 |                         |                     |  |  |
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| HILE MGRM Delete TITLE NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL Delete TITLE NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL TITLE NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL TITLE NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL TITLE NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL TITLE NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL TITLE NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL TITLE NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE STREET ADDRESS CITY ST ZIP STREET AD   | 1  | 1                       |                              |                              |          |  |  |                                 |                                 |                         |                     |  |  |
| MEDEIROS, ROBERT E STREET ADDRESS CITY ST ZIP ST AUGUSTINE, FL  ITILE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP ST AUGUSTINE, FL  ITILE MGRM MEDEIROS, MARIE I STREET ADDRESS CITY ST ZIP ST. AUGUSTINE, FL  ITILE ITI   | CITY ST ZIP  | ST. AUGUSTINE, FL       |                              |                              |          |  |  |                                 |                                 |                         | · ···               |  |  |
| STREET ADDRESS CITY ST ZIP  TITLE  MGRM  MEDEIROS, MARIE I  NAME  NAME  STREET ADDRESS CITY ST ZIP  TITLE  MGRM  MEDEIROS, MARIE I  NAME  STREET ADDRESS CITY ST ZIP  TITLE  ITTLE  ITTL   |  |                         | OS. ROBERT E                 | Delete                       | L        |  |  |                                 | L                               | Change                  | ☐ Addition          |  |  |
| ITILE MGRM Delete Delete Delete MEDEIROS. MARIE I NAME STREET ADDRESS CITY ST ZIP ST. AUGUSTINE. FL Change Addition Delete Delet   | STREET ADDRESS   | 1001 PONCE DE LEON BLVD |                              |                              | STRE     | EET ADDRESS  |  |                                 |                                 |                         |                     |  |  |
| MAME STREET ADDRESS CITY ST ZIP  TITLE TIAME STREET ADDRESS CITY ST ZIP  Detete  INTLE NAME STREET ADDRESS CITY ST ZIP  THE NAME STREET ADDRESS CITY ST ZIP  1. Le rebry 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 inclicated 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.   |  |                         | STINE, FL                    |                              | -        |  |  | <u> </u>                        |                                 | 1 Change                | Addition            |  |  |
| CITY ST ZIP  ST. AUGUSTINE. FL  Opelete  IIILE NAME SIREET 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 inclicated 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.   | NAME   | MEDEIRO                 |                              | _ 55.00                      | NAM      | 1E   |  |                                 | _                               | W. W. P-                |                     |  |  |
| trame 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  |  | 1                       |                              |                              |          |  |  |                                 |                                 |                         |                     |  |  |
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| 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 Statules.  |  | <u> </u>                |                              |                              | i        |  |  |                                 |                                 |                         |                     |  |  |
| SIGNATURE: 1/a / Meder 1-30-06 904-827-009   | indicatéd  | t on this repo          | ort is true and accurate and | that my signature shall have | the same | e legal effect as if r                             | made under oatl  | th; that I am a managin         | her certily tha<br>ng member or | it the infor<br>manager | rmation<br>r of the |  |  |
|  | SIGNAT   | URE:                    | AND TYPED OR BRINTED NAME O  | SIGNING MANAGING MERRER MA   | NAGER OF | A AITHORIZED DEPUESI                               | ENTATIVE   | 1-37100                         | 6 904                           | -827                    | 1095                |  |  |