

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005425

FILED  
Jan 15, 2004  
Secretary of State

Entity Name: ISLAND COFFEE & GIFTS, LLC

**Current Principal Place of Business:**

12773 W. FOREST HILL  
SUITE 102 A  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12773 W. FOREST HILL BLVD  
102 A  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 65-1084433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, THERESA A  
681 LAKE WELLINGTON DRIVE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

MILLER, THERESA A  
12773 W. FOREST HILL BLVD  
102 A  
WELLINGTON, FL 33414 US

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:

01/15/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: THERESA, MILLER  
Address: 12773 W. FOREST HILL BLVD, #102A  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM ( ) Delete  
Name: STEVEN, MILLER  
Address: 12773 W. FOREST HILL BLVD, # 102 A  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

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

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

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: THERESA MILLER

MGRM

01/15/2004

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