


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000016440

1. Entity Name
KRISPY KREME OF SOUTH FLORIDA LLC



Principal Place of Business
**2031 PALM BEACH LAKES BLVD.
 WEST PALM BEACH, FL 33409**

Mailing Address
**7634 N.W. 6TH AVE.
 BOCA RATON, FL 33487**

DO NOT WRITE IN THIS SPACE



04272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 75-3015036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, NAT
 7634 N.W. 6TH AVE.
 BOCA RATON, FL 33487**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COSENTINO, JAMES A 4225 GENESEE ST CHEEKTOWAGA, NY 14225
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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)(v), 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 and I warrant to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **JAMES COSENTINO** **4/27/04** **716-634-2121**

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