

FILED

03 APR 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000016440

1. Entity Name
KRISPY KREME OF SOUTH FLORIDA LLC



Principal Place of Business
4225 GENESEE STREET
BUFFALO, NY 14225

Mailing Address
2499 GLADES RD
STE 106
BOCA RATON, FL 33431

2. Principal Place of Business
2031 PALM BEACH LAKES BLVD

3. Mailing Address
7634 N.W. 6th AVE

City & State
WEST PALM BEACH FL BOCA RATON FL

Zip
33409 USA 33487 USA



4. FEI Number
75-3015036 Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, NAT
2449 GLADES ROAD, SUITE 106
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (Post Box Number if No Acceptable)
7634 N.W. 6th AVE
City
BOCA RATON FL 33487

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 _____ DATE _____

Signature, typed or printed name of registered agent and fee 2 applicable (NOTE: Registered Agent Signature required when electing)

8. MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE	DELETE <input type="checkbox"/>	TITLE	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
NAME: COSENTINO, JAMES A	<input type="checkbox"/>	NAME: [REDACTED]	<input type="checkbox"/>
STREET ADDRESS: 4225 GENESEE ST		STREET ADDRESS: [REDACTED]	
CITY-ST-ZIP: CHEEKTOWAGA, NY 14225		CITY-ST-ZIP: [REDACTED]	
TITLE: [REDACTED]	<input type="checkbox"/>	TITLE: [REDACTED]	<input type="checkbox"/>
NAME: [REDACTED]		NAME: [REDACTED]	
STREET ADDRESS: [REDACTED]		STREET ADDRESS: [REDACTED]	
CITY-ST-ZIP: [REDACTED]		CITY-ST-ZIP: [REDACTED]	
TITLE: [REDACTED]	<input type="checkbox"/>	TITLE: [REDACTED]	<input type="checkbox"/>
NAME: [REDACTED]		NAME: [REDACTED]	
STREET ADDRESS: [REDACTED]		STREET ADDRESS: [REDACTED]	
CITY-ST-ZIP: [REDACTED]		CITY-ST-ZIP: [REDACTED]	
TITLE: [REDACTED]	<input type="checkbox"/>	TITLE: [REDACTED]	<input type="checkbox"/>
NAME: [REDACTED]		NAME: [REDACTED]	
STREET ADDRESS: [REDACTED]		STREET ADDRESS: [REDACTED]	
CITY-ST-ZIP: [REDACTED]		CITY-ST-ZIP: [REDACTED]	

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04/30/03--01085--010 #50.00

11. I hereby certify that the information supplied with this filing does not qualify 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 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 800, Florida Statutes.

SIGNATURE: [Signature] DATE: _____

SIGNATURE AND DATE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2103 (0002)