FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90690 025 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021254

30068224

1. Entity Name
CANDY CRUNCHERS LLC

Principal Place of Business	Mailing Address
1719 LAIRD KEY WEST, FL 33040	1719 LAIRD KEY WEST, FL 33040

2. Principal Place of Business	3. Mailing Address
1929 OLIVE AVE	1929 OLIVE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SEBRING, FL	City & State: SEBRING, FL
Zip: 33870 Country: U.S.	Zip: 33870 Country: U.S.

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1157755 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139	Name: KIM MCLAY Street Address (P.O. Box Number is Not Acceptable): 1929 OLIVE AVE City: SEBRING FL Zip Code: 33870

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: Kim McLay 4/30/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCLAY, KIM 1719 LAIRD KEY WEST, FL 33040	[ ] Delete	[X] Change [ ] Addition	1929 OLIVE AVE SEBRING, FL 33870
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCLAY, PAT 1719 LAIRD ST KEY WEST, FL 33040	[ ] Delete	[X] Change [ ] Addition	1929 OLIVE AVE SEBRING, FL 33870
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition	

CR2EC83 (10/02)

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 608, Florida Statutes.

SIGNATURE: Patrick S McLay 4/30/03 863-475-6588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 305-293-5470 Daytime Phone #