

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000013027

1. Entity Name  
PALM BEACH SPECIALTY COFFEE LLC



Principal Place of Business  
3965 INVESTMENT LANE SUITE A-8  
RIVIERA BEACH, FL 33404

Mailing Address  
3965 INVESTMENT LANE SUITE A-8  
RIVIERA BEACH, FL 33404



07012004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-3056181

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KELLY, JOSEPH P III  
3965 INVESTMENT LANE SUITE A-8  
RIVIERA BEACH, FL 33404

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KELLY, JOSEPH P III
STREET ADDRESS	156 HAMPTON PLACE
CITY - ST - ZIP	JUPITER, FL 33458
TITLE	MGRM
NAME	GRAVANTE, JOHN A
STREET ADDRESS	2827 HELM CT. #205
CITY - ST - ZIP	LANTANA, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000163790  
07/07/04-80017-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

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

7/2/04 561-881-0803

Date

Daytime Phone #