2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016024

Address:

City-St-Zip:

JACKSONVILLE, FL 32256

Entity Name: AIRPORT CONCESSIONS FLORIDA, LLC

FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9132 CYPRESS GREEN DR. JACKSONVILLE, FL 32256 **Current Mailing Address: New Mailing Address:** P.O. BOX 492044 DENVER, CO 80249 FEI Number: 30-0281953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, STEVE 9132 CYPRESS GREEN DR. US JACKSONVILLE, FL 32256 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AIRPORT CONCESSIONS, INC. Name: Name: Address: P.O. BOX 492044 Address: City-St-Zip: **DENVER, CO 80249** City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HARRIS, WINIFRED Name: Address: 5995 S. SEPULVEDA BLVD., SUITE 206 Address: City-St-Zip: CULVER CITY, CA 90230 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DAVIS, STEVEN Name: Name: 9132 CYPRESS GREEN DR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: WINIFRED R HARRIS **MGRM** 07/09/2007