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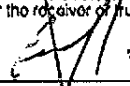
FAX NO.

P. 01

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
Mar 25, 2004 08:00 AM  
Secretary of State

**PAID**  
1603  
3/22/04

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L02000018428                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |  |
| 1. Entity Name<br>SNACKS ON THE FLY, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                                                   |
| Principal Place of Business<br>1220 ATLANTA AVENUE<br>ORLANDO, FL 32806                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mailing Address<br>9775-A AIRPORT BLVD<br>ORLANDO, FL 32827              |                                                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>LAMASTUS, LEONARD<br>1220 ATLANTA AVE.<br>ORLANDO, FL 32806-3913                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| 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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when renaming)</small> DATE _____                                                                                                                                                                                                                                                                                                                           |                                                                          |                                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br>LAMASTUS, LEONARD<br>1220 ATLANTA AVE.<br>ORLANDO, FL 32806         |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VP<br>WALKER, TERRELL<br>2908 GREEN CASTLE RD.<br>BURTONSVILLE, MD 20866 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              | T<br>PAIGE, THOMAS<br>2275 E. 55TH STREET<br>CLEVELAND, OH 44103         |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                   |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |                                                                                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:  3/21/04                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                                                   |

03192004 No Chg-LLC

CR2E083 (10/03)

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|-----------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>32-0023075                                                                         | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |                               |

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03/25/04-80010-008 55.00