

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

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90208 039 \*\*\*\*50.00

**DOCUMENT #** L02000027467

**1. Entity Name**

**DUNKIN ENTERPRISES, LLC**

**DO NOT WRITE IN THIS SPACE**

**24005062**

<b>2. Principal Place of Business</b> <b>5395 S. NOVA ROAD</b>	<b>3. Mailing Address</b> <b>5395 S. NOVA ROAD</b>
Suite, Apt. #, etc	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> <b>PORT ORANGE, FL</b>	<b>City &amp; State</b> <b>PORT ORANGE</b>	<b>4. FEI Number</b> <b>22-3879149</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <b>32127-6335</b>	<b>Country</b> <b>US</b>	<b>Zip</b> <b>32127-6335</b>	<b>Country</b> <b>US</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> <b>CHRIS DUNKIN</b>	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>5395 S. NOVA ROAD</b>	
	<b>City</b> <b>PORT ORANGE</b>	<b>Zip Code</b> <b>FL 32127-6335</b>

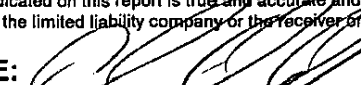
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**  **MGRM** **1/21/2004**  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>CHRIS DUNKIN</b> <b>5395 S. NOVA ROAD</b> <b>PORT ORANGE, FL 32127-6335</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**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:**  **MGRM** **1/21/2004** **386/304-1095**

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

Date

Daytime Phone #

CFR083B (12/02)