

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000027467 1. Entity Name DUNKIN ENTERPRISES, LLC	
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Principal Place of Business 5395 S NOVA ROAD PORT ORANGE, FL 32127-6335	Mailing Address 5395 S NOVA ROAD PORT ORANGE, FL 32127-6335
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**DO NOT WRITE IN THIS SPACE**



01162005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 22-3879149	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DUNKIN, CHRIS  
5395 S NOVA ROAD  
PORT ORANGE, FL 32127-6335

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNKIN, CHRIS 5395 S NOVA ROAD PORT ORANGE, FL 321274335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000204097  
01/29/05-80054-025 50.00

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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:       Date: 1/24/05      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE