


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90116 015 \*\*\*\*50.00

EP DVN FOU \$ L02000027467 2/ 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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2. Principal Place of Business - No P.O. Box # <i>3784 Breezy Ct.</i>	3. Mailing Address <i>3784 Breezy Ct.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Ormond Beach, FL</i>	City & State <i>Ormond Beach, FL</i>
Zip <i>32174</i>	Zip <i>32174</i>
Country <i>US</i>	Country <i>US</i>



04192007 Di h. MMD DS3F194123017\*

4. FEI Number 22-3879149	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNKIN, CHRIS 5395 S NOVA ROAD PORT ORANGE, FL 32127-6335	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>3784 Breezy Ct.</i> City <i>Ormond Bch.</i> FL Zip Code <i>32174</i>
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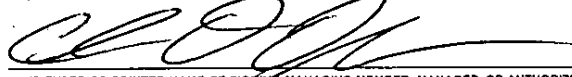
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007	Nbl f di f dl qbzberh up Gpsgeb Ef.qbsun f oupg Tibuf
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNKIN, CHRIS 5395 S NOVA ROAD PORT ORANGE, FL 321274335 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3784 Breezy Court</i> <i>Ormond Bch., FL 32174</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		