


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90062 018 ****50.00

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| DOCUMENT # L03000014895 |  |
| 1. Entity Name EMST DONUTS, LLC | |

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|---|---|
| Principal Place of Business 8867 VENTURA WAY NAPLES, FL 34109 | Mailing Address 8867 VENTURA WAY NAPLES, FL 34109 |
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| 2. Principal Place of Business 27820 S. Tamiami Trail | 3. Mailing Address Suite, Apt. #, etc. |
| Suite, Apt. #, etc. 1 | Suite, Apt. #, etc. |
| City & State Bonita Springs, FL | City & State |
| Zip 34134 | Country |

07092004 Chg-LLC CR2E083 (10/03)

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|---|--|
| 6. Name and Address of Current Registered Agent THOMAS F. HUDGINS, ATTORNEY AT LAW, PLLC 791 10TH STREET SOUTH B NAPLES, FL 34102 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |


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 re-registering) DATE _____

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| Filing Fee is \$50.00 Due by September 8, 2004 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR EMMA, DAVID 8867 VENTURA WAY NAPLES, FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 27820 S. Tamiami Trail unit 1 Bonita Springs, FL 34134 <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 |

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:  **7-27-04 401 225 3938**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #