2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SHAND MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 13, 2004 8:00 am Secretary of State **DOCUMENT # L03000018758** 04-13-2004 90331 041 ****50.00 THE COFFEE MUG LLC. Principal Place of Business Mailing Address 24040400 38009 MERIDIAN AVE. 38009 MERIDIAN AVE. DADE CITY, FL 33525 DADE CITY, FL 33525 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 56-2362150 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YATES, THOMAS Street Address (P.O. Box Number is Not Acceptable) 37620 FLORIDA AVE. DADE CITY, FL 33525 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Change Addition TITLE ☐ Delete Karen Yates NAME NAME 37620 Florida Ave STREET ADDRESS STREET ADDRESS City FL 33525 CITY-ST-ZIP CITY-ST-ZIP Dade Allison Todal Addition ☐ Delete Change TITLE TITI F Allison 13600 Riada way 33515 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ₹M F ☐ Detele Addition TITI # NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP 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.

FILED