

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90027 026 \*\*\*\*50.00

<b>DOCUMENT # L03000023302</b>					
<b>1. Entity Name</b> COFFEE FROM PANAMA LLC					
<b>Principal Place of Business</b> 4275 VIRGINIA DR ORLANDO, FL 32814			<b>Mailing Address</b> 4275 VIRGINIA DR ORLANDO, FL 32814		
<b>2. Principal Place of Business</b> 1720 VIRGINIA DR. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1720 VIRGINIA DR. Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO, FL		<b>City &amp; State</b> ORLANDO, FL		<b>4. FEI Number</b> 55-0837889	
<b>Zip</b> 32803		<b>Country</b> ORANGE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GOLDSTEIN, SUZANNE S 4275 VIRGINIA DR ORLANDO, FL 32814			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1720 VIRGINIA DR. City ORLANDO FL Zip Code 32803		
<b>B. 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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> GOLDSTEIN, SUZANNE S 4275 VIRGINIA DR ORLANDO, FL 32814		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	1720 VIRGINIA DR. ORLANDO, FL 32803	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> GOLDSTEIN, HERBERT B 4275 VIRGINIA DR ORLANDO, FL 32814		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	1720 VIRGINIA DR. ORLANDO, FL 32803	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	 		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	 	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	 		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	 	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	 		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	 	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	 		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	 	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Suzanne S. Goldstein</i> SUZANNE S. GOLDSTEIN			4/26/05 407-645-5193 Date Daytime Phone #		