

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026731

Entity Name: GOGO COFFEE LLC

FILED
Apr 13, 2004
Secretary of State

Current Principal Place of Business:

16-A CASTILLO DRIVE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

2245 CR 210 E
JAX, FL 32259

Current Mailing Address:

1700 FRUIT COVE WOODS DR.
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 47-0926250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, DON
1700 FRUIT COVE WOODS DR.
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CAMPBELL, DON
Address: 1700 FRUIT COVE WOODS DR.
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM () Delete
Name: CAMPBELL, BEVERLY
Address: 1700 FRUIT COVE WOODS DR.
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DON CAMPBELL

MGR

04/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date