

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040274

Entity Name: CIRCUMVENDING, LLC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

2810 NE 19TH DRIVE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

2810 NE 19TH DRIVE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 75-3133581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, JOHN A
102 NE 19TH DRIVE
SUITE #12
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

MITCHELL, JOHN A
2810 NE 19TH DRIVE
GAINESVILLE, FL 32601 US

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: JOHN A. MITCHELL

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MITCHELL, JOHN A
Address: 2810 NE 19TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

Title: MGRM () Delete
Name: MITCHELL, KIMBERLIE K
Address: 2810 NE 19TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

Title: MGRM () Delete
Name: MITCHELL, NOAH R
Address: 2810 NE 19TH DRIVE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

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

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: JOHN A. MITCHELL

MGRM

04/21/2005

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