2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 15, 2005 08:00 AM **DOCUMENT # L03000040779 Secretary of State** 1. Entity Name JAVA HUT, LLC Principal Place of Business. Mailing Address **420 CEZANNE DRIVE 420 CEZANNE DRIVE** OSPREY, FL 34229 OSPREY, FL 34229 03272005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0360448 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HUGHES, MICHAEL F 420 CEZANNE DRIVE OSPREY, FL 34229 IN THIS SPACE 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, 2005 U00000307983 04/15/05-80069-014 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TIT! F HUGHES, MICHAEL F NAME **420 CEZANNE DRIVE** STREET ADDRESS CITY-ST-ZIP OSPREY, FL 34229 TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this illing 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

941-928-3540