

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90143 031 ****50.00

DOCUMENT # L03000044022 1. Entity Name CARRIE LEE'S COFFEE & TEA COMPANY, LLC					
Principal Place of Business 3550 N. ATLANTIC AVENUE COCOA BEACH, FL 32931			Mailing Address PO BOX 321534 COCOA BEACH, FL 32932-1534		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02252004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 20-0343087	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARSONS, BILL 3550 N. ATLANTIC AVENUE COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name MATTHEW T. BURKE CPA Street Address (P.O. Box Number is Not Acceptable) 503 N. ORLANDO AVE., SUITE 106 City COCOA BEACH, FL 32931 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: <u>Matthew T. Burke CPA</u> DATE: <u>4/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Matthew T. Burke President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4/9/04</u> 321-783-2230 <small>Daytime Phone #</small>		