### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### 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

## FILED Apr 26, 2005 8:00 am Secretary of State

04-26-2005 90010 046 \*\*\*\*50.00

20047255



### DO NOT WRITE IN THIS SPACE

01062005 No Chq-LLC

CR2E083 (10/03)

4. FEI Number 20-0343087

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent-

BURKE, MATTHEW T CPA 503 N. ORLANDO AVE., STE 106 COCOA BEACH, FL 32931

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, BILL 3550 N. ATLANTIC AVE. COCOA BEACH, FL 32931		
TITLE NAME STREET ADDRESS	VP OAKEY, SCOTT 3550 N. ATLANTIC AVE.		

#### CITY-ST-ZIP COCOA BEACH, FL 32931 TITLE COLLINS, TRACIE L NAME 3550 N. ATLANTIC STREET ADDRESS CITY-ST-ZIP GOGOA BEACH, FL-32931 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

# DO NOT WRITE IN THIS SPACE

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 december or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #