


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State


08-10-2004 90051 016 ****50.00

DOCUMENT # L03000053191 1. Entity Name GOLDENWHIPP COFFEE SERVICES, LLC	
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Principal Place of Business	Mailing Address
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2. Principal Place of Business 563 Sawgrass Corporate Parkway Suite, Apt. #, etc. City & State Sunrise, FL Zip 33325 Country USA	3. Mailing Address 563 Sawgrass Corporate Parkway Suite, Apt. #, etc. City & State Sunrise, FL Zip 33325 Country USA
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07012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1689278	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ARANGUREN, JULIO L 563 Sawgrass Corporate Parkway Sunrise, FL 33325	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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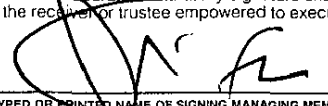
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME ARANGUREN, JULIO L <input type="checkbox"/> Delete STREET ADDRESS 563 Sawgrass Corporate Parkway CITY-ST-ZIP Sunrise, FL 33325		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE:  **9-204** **514-1001**
Date **9-20-04** Daytime Phone # **954-632-6049**