2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

08-09-2004 90146 005 ****50.00
L03000053550

DOCUMENT # L03000053550

1. Entity Name
PARADISE ISLAND MAINSTREET CAFE, LLC

FILED
04 OCT 20 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2299 NORTH FEDERAL HWY BOCA RATON, FL	2299 NORTH FEDERAL HWY BOCA RATON, FL

07052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
AS ABOVE	AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip: 33432 Country	Zip: 33432 Country

4. FEI Number: 20-1020055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELDMAN, MARTIN E ESQ ONE OAKWOOD BLVD, STE 250 HOLLYWOOD, FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN GERICS II 841 N.W. 57th STREET FT. LAUDERDALE, FL. 33309 ☐ Delete MGR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUIS GERICS 841 N.W. 57th STREET FT. LAUDERDALE, FL. 33309 ☐ Delete MGR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARADISE ISLAND COFFEE CO. 35 HARWARD RD. P.O. BOX 21040 GUELPH, ON., N1G 3A2 ☐ Delete MGR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ R.S. RAJOTTE JULY. 13/04 PAGER 416-442-1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

10/20