

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90117 009 \*\*\*\*50.00

<b>DOCUMENT # L03000056858</b>					
<b>1. Entity Name</b> JAVA CHI, L.L.C.					
<b>Principal Place of Business</b> 424 25TH AVENUE NORTH ST. PETERSBURG, FL 33704			<b>Mailing Address</b> 424 25TH AVENUE NORTH ST. PETERSBURG, FL 33704		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.		<b>24010342</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>01072004 Chg-LLC CR2E083 (10/03)</b>	
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 20-0643776	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  POTTER, CAROLYNNE ANN 424 25TH AVENUE NORTH ST. PETERSBURG, FL 33704			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE: <i>Carolynne Ann Potter</i> DATE: <u>2-9-04</u> <small>(NOTE: Registered Agent Signature required when re-registering)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>POTTER, CAROLYNNE ANN</b> <b>424 25TH AVENUE NORTH</b> <b>ST. PETERSBURG, FL 33704</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Carolynne Ann Potter</i>			Date: <u>2-9-04</u> Daytime Phone #: <u>727-642-2012</u>		