## 2004 LIMITED LIABILITY COMPANY

SIGNATURE:

## Feb 12, 2004 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L03000056858** 02-12-2004 90117 009 \*\*\*\*50 00 1. Entity Name JAVA CHI, L.L.C. CONTRACTOR SAME SAME AND COMMENTAL COMMENTS OF COMMENT Principal Place of Business 97358005 19 08 19 Mailing Address 424 25TH AVENUE NORTH PECH MACE A MICE 424 25TH AVENUE NORTH 24010342... ST. PETERSBURG, FL. 33704 1 ST. PETERSBURG, FL 33704 And service in Facilities of the Control of the Con 2. Principal Place of Business 15000 3. Mailing Address 100 Trans 4 990 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/03) 01072004 Cha-LLC Applied For 4. FEI Number City & State City & State 20 - 064 377Le Not Applicable \$5.00 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 7. Hame and Address of New Registered Agent 6. Name and Address of Current Registered Agent POTTER, CAROLYNNE ANN Street Address (P.O. Box Number is Not Acceptable) 424 25TH AVENUE NORTH -ST. PETERSBURG, FL. 33704 Zip Code City 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 pegistered agent. SIGNATURE = Make check payable to Filing Fee is \$50.00 Florida Department of State : ... Due by May 1, 2004 以是由其的研究性質學 ADDITIONS/CHANGES11 337 MANAGING MEMBERS/MANAGERS Addition ☐ Chance MGRM 300 at Seith 🗖 Delete H TITLE **第152里 对的推图的** POTTER, CAROLYNNE ANN NAME HALF Буйнай Росин STREET ADDRESS STREET ADDRESS 424 25TH AVENUE NORTH CITA-21-SD CITY-ST-71P ST. PETERSBURG, FL 33704 ☐ Change Addition Delete TITLE TITLE NAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-7P CTTY-ST-ZP Addition Change MLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C11A-21-54b CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Addition ☐ Change TOTALE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fitting 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 similar liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MAGER, OR AUTHORIZED REF

**FILED**