

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90034 009 ****55.00

DOCUMENT # L04000040489					
1. Entity Name RBR COFFEE LLC					
Principal Place of Business 984 N. DIVISION STREET OVIEDO, FL 32765 US			Mailing Address 984 N. DIVISION STREET OVIEDO, FL 32765 US		
2. Principal Place of Business 148 CROWN Colony Way Suite, Apt. #, etc.		3. Mailing Address 148 CROWN Colony Way Suite, Apt. #, etc.		20066242 	
City & State SANFORD, FL		City & State SANFORD, FL		4. FEI Number 20-1236813	
Zip 32771		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGUIRE SMITH, RHIAN A 984 N. DIVISION STREET OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name: Rhian A. McGuire Smith Street Address (P.O. Box Number is Not Acceptable): 148 CROWN Colony Way City: SANFORD FL Zip Code: 32771		
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: <u>Rhian A. McGuire Smith</u> 8/2/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGUIRE SMITH, RHIAN A 984 N. DIVISION STREET OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCGUIRE SMITH, Rhian 148 CROWN Colony Way SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, BRIAN P 984 N. DIVISION STREET OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, RICHARD W 984 N. DIVISION STREET OVIEDO, FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Smith, Richard W 148 CROWN Colony Way SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Rhian A. McGuire Smith</u>			<u>Rhian A McGuire Smith</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> <u>8/2/05</u> <small>Daytime Phone #</small> <u>407-322-9976</u>		