## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L0400048089  1. Entity Name RITEWAY VENDING LLC				Secretary of Sta		
Principal Plac 521 NE 189 MIAMI, FL 3		Mailing Address 521 NE 189TH STREET MIAMI, FL 33179			######################################	
DO NOT WRITE IN THIS SPA		CE	E 01092007 No Chg-LLC CR2E083 {1  4. FEI Number 76-0761417  5. Certificate of Status Desired □ \$5.0 Fee R			
	6. Name and Address of Current Re	gistered Agent			,	
BRUAN, CHRISTOPHER 521 NE 189TH STREET MIAMI, FL 33179			DO NOT WRITE IN THIS SPACE			
	e named entity submits this statement for t lions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or both, in the State	of Florida. I am famil	iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	lite if annicable (NOTE: Reputate	d Acent Consture recurred	when received	DATE	
	Signature, typed or printed habite of registered agent and	THE REPORT OF THE PROPERTY OF	d Agent signature required	when reinstating)	DAIE	
Filing Fee is \$50.00 Due by May 1, 2007				U00 01/17/	000587378 07-80031 <b>-</b> 00	S 50.00
9.	MANAGING MEMBERS	/MANAGERS	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUAN, CHRISTOPHER MR 521 NE 189TH STREET MIAMI, FL 33179					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						•
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
TITLE				IN THIS !	SPACE	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and acceptate 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 trability company or the focusive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-9-07

Daylime Phone #