# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 26, 2006**
**Secretary of State**

DOCUMENT# L04000057631

**Entity Name:** LONGWOOD DONUTS, LLC

**Current Principal Place of Business:**

801 STATE ROAD 434
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1142 SAXON BLVD.
ORANGE CITY, FL 32763

**New Mailing Address:**

**FEI Number: 20-1449244** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KINSLEY, BRIAN P
1642 TENNYSON CT.
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: KINSLEY, BRIAN P
Address: 1642 TENNYSON CT.
City-St-Zip: LAKE MARY, FL 32746

Title: MGR ( ) Delete
Name: THOMPSON, D. MICHAEL
Address: 1684 CHERRY RIDGE DR.
City-St-Zip: LAKE MARY, FL 32746

Title: MGR ( ) Delete
Name: THOMSPN, STEPHEN E
Address: 296 CHISWELL PLACE
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN KINSLEY MNGR 04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date