## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 25, 2005 8:00 am **Secretary of State DOCUMENT # L04000072857** 03-25-2005 90134 035 \*\*\*\*50.00 THE ROCKY MOUNTAIN PRETZEL COMPANY, LLC Principal Place of Business Mailing Address 2 EAST CAMINO REAL 2 EAST CAMINO REAL 20024865 **SUITE 103** SUITE 103 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SZYMANSKI, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 2 EAST CAMINO REAL **SUITE 103** BOCA RATON, FL 33432 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TEDE ☐ Delete TITLE □ Change ☐ Addition NAME SZYMANSKI, LYNNE NAME 2 EAST CAMINO REAL, SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP MGR ☐ Delete Change ☐ Addition NAME SZYMANSKI, WILLIAM R NAME STREET ADDRESS 2 EAST CAMINO REAL, SUITE 103 STREET ADDRESS CITY-ST-7P BOCA RATON, FL 33432 CITY-ST-ZIP TITLE - Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3/22/05

☐ Change

☐ Addition

FILED

<sup>11.</sup> 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.