

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073255

Entity Name: LUXURY COFFEE LLC

FILED
Sep 07, 2006
Secretary of State

Current Principal Place of Business:

26744 COUNTY RD. 448A
MT. DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

26744 COUNTY RD. 448A
MT. DORA, FL 32757 US

New Mailing Address:

FEI Number: 20-1728812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOWRY, ANALIESE
26744 COUNTY ROAD 448A
MT. DORA, FL 32757 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: MGRM () Delete
Name: LOWRY, ANALIESE
Address: 416 SPRINGVIEW DRIVE
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM () Delete
Name: LOWRY, DENNIS
Address: 416 SPRINGVIEW DRIVE
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOWRY, ANALIESE
Address: 26744 C.R. 448A
City-St-Zip: MT. DORA, FL 32757 US

Title: MGRM (X) Change () Addition
Name: LOWRY, DENNIS
Address: 26744 C.R. 448A
City-St-Zip: MT. DORA, FL 32757 US

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: ANALIESE LOWRY

MGRM

09/07/2006

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