

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 21 AM 9:16

DOCUMENT # L04000087021 1. Entity Name SIPPIN' AT JAVA JOE'S INTERNET CAFE, LLC					
Principal Place of Business 424 EATON ST. KEY WEST, FL 33040 US			Mailing Address 1509 SOUTH ST. KEY WEST, FL 33040 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1014 South Street Suite, Apt. #, etc.			
City & State Key West, FL		City & State Key West, FL		4. FEI Number 14-1918559	
Zip 33040		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, ALBERT L 926 TRUMAN AVE. KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name: Steven B. Esquivaldo, Esq. Street Address (P.O. Box Number is Not Acceptable): Steven B. Esquivaldo, P.A. 3706 N. Roosevelt Blvd., Suite I City: Key West FL Zip Code: 33040		
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>Steven B. Esquivaldo, Esq.</u> <u>Steven B. Esquivaldo, Esq.</u> <u>09-16-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVIN, IRIS 1509 SOUTH ST. KEY WEST, FL 33040 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Johnson, Onett 1014 South Street Key West, FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Johnson, Penny J. 1014 South Street Key West, FL 33040 <input type="checkbox"/> Change <input checked="" 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>Onett Johnson, Onett Johnson</u> <u>9/16/05</u> <u>305-293-0555</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					