

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037356

Entity Name: JAVA FLA, LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

4721 TRAILS DRIVE E.  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

4721 TRAILS DRIVE E.  
SARASOTA, FL 34232 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JUDD, STEVEN H  
2940 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 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: MUNROE, RICHARD J  
Address: 4721 TRAILS DRIVE E.  
City-St-Zip: SARASOTA, FL 34232 US

Title: MGR ( ) Delete  
Name: UNCLE WALT'S ENTERPR, ISES, LLC  
Address: 222 SOUTH FIRST STREET  
City-St-Zip: LOUISVILLE, KY 40202 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GOODMUDD, LLC,  
Address: 4721 TRAILS DRIVE E.  
City-St-Zip: SARASOTA, FL 34232 US

Title: MEM (X) Change ( ) Addition  
Name: UNCLE WALT'S ENTERPR, ISES, LLC  
Address: 222 SOUTH FIRST STREET  
City-St-Zip: LOUISVILLE, KY 40202 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: RICHARD MUNROE

MR

04/28/2006

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