2007 LIMITED LIABILITY COMPANY

Apr 02, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000054482 04-02-2007 90439 015 ****50.00 PORT CHARLOTTE JAVA, LLC Principal Place of Business Mailing Address 60031336 PO BOX 494857 C/O GARY A. KAHLE PORT CHARLOTTE, FL 33949 99 NESBIT STREET PUNTA GORDA, FL 33950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 20-2940415 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAHLE, GARY A Street Address (P.O. Box Number is Not Acceptable) FARR, FARR, EMERICH, HACKETT AND CARR, PA 99 NESBIT STREET PUNTA GORDA, FL 33950 City 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Channe ☐ Addition MUPPAUARAPO, RAJAKUMARI NAME NAME STREET ADDRESS P O BOX 494857 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33949 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE П Спалое ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

STREET ADDRESS

CITY-ST-ZIP

3|20|07

941)914-2313

☐ Change

☐ Addition

Date

Daytime Phone #

FILED