
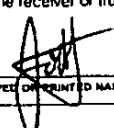


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-08-2006 90035 021 ****50.00

| | | | | | |
|---|---|--|---|---|---|
| DOCUMENT # L05000068155 | | | |  | |
| 1. Entity Name PHILLIPS HIGHWAY DOUGHNUTS, LLC | | | | | |
| Principal Place of Business: 7171 PHILLIPS HIGHWAY JACKSONVILLE, FL 32257 | | | Mailing Address: 8145 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent WATSON, TODD ESQ 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reappointing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SCHAEFER, JOHN D 8145 SUMMIT RIDGE LANE JACKSONVILLE, FL 32256 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| 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. | | | | | |
| SIGNATURE:  | | | | Date: 04/27/06 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

30010724



04272006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 20-3131104 Applied For: Not Applicable

5. Certificate of Status Desired: ☐ \$5.00 Additional Fee Required