

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 AM**  
**Secretary of State**

|                                                                                |                                                                                   |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000086861</b><br>1. Entity Name<br><b>SWEETERY CAFFE, LLC</b> |  |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1263 N. UNIVERSITY DRIVE<br/>CORAL SPRINGS, FL 33071</b> | Mailing Address<br><b>1263 N. UNIVERSITY DRIVE<br/>CORAL SPRINGS, FL 33071</b> |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01142008No Chg-LLC

CR2E083 (12/07)

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>20-3411280</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**RAFAEL, TOM  
1824 N.W. 108 AVE  
PLANTATION, FL 33322**

**DO NOT WRITE  
IN THIS SPACE**

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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                      |
|------------------------------------------------|----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RAFAEL, TOM<br>1824 N.W. 108 AVE<br>PLANTATION, FL 33322      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KWASMAN, BARRY<br>1824 N.W. 108 AVE<br>PLANTATION, FL 33322   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>KWASMAN, MATTHEW<br>1824 N.W. 108 AVE<br>PLANTATION, FL 33322 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                      |

**DO NOT WRITE  
IN THIS SPACE**

U000000850366  
03/24/08-80003-016-138.75

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: Barry Kwasman 03/07/2008 (660) 452-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #