

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90333 039 \*\*\*138.75

<b>DOCUMENT #L05000107462</b> 1. Entity Name IOAN-DONUTS HOLDINGS, L.L.C.			
Principal Place of Business 140 S.W. CHAMBER COURT, SUITE 200 PORT ST. LUCIE, FL 34986		Mailing Address 140 S.W. CHAMBER COURT, SUITE 200 PORT ST. LUCIE, FL 34986	
2. Principal Place of Business - No P.O. Box # <i>1050 Cambridge Square</i> Suite, Apt. #, etc. <i>Suite A</i> City & State <i>Alpharetta GA</i> Zip <i>30004</i> Country		3. Mailing Address <i>1050 Cambridge Square</i> Suite, Apt. #, etc. <i>Suite A</i> City & State <i>Alpharetta GA</i> Zip <i>30004</i> Country	
4. FEI Number 20-4185125		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name <i>Richard N. Miller</i> Street Address (P.O. Box Number is Not Acceptable) <i>Law Office of Richard N. Miller</i> <i>2421 N. University DRIVE</i> <i>Coral Springs FL</i> Zip Code <i>33065</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>3/5/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IOANNIDES, TIM M.D. 1050 CAMBRIDGE SQUARE STE A ALPHARETTA, GA 30004	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASKARIS, JAMES 1050 CAMBRIDGE SQUARE STE A ALPHARETTA, GA 30004	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>JAMES LASKARIS, PRNR 3/5/08</i> Daytime Phone # <i>954-840-0522</i>	