

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082584

FILED
Sep 10, 2007
Secretary of State

Entity Name: SHALIMAR JAVA PARTNERS, LLC

Current Principal Place of Business:

348 MIRACLE STRIP PARKWAY SW
SUITE 16A
FORT WALTON BEACH, FL 325365258 US

New Principal Place of Business:

Current Mailing Address:

348 MIRACLE STRIP PARKWAY SW
SUITE 16A
FORT WALTON BEACH, FL 325365258 US

New Mailing Address:

FEI Number: 20-5410600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MANGANIELLO, LOU
348 MIRACLE STRIP PARKWAY SW
SUITE 16A
FORT WALTON BEACH, FL 325365258 US

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: MGRM () Delete
Name: TIGER GRIND, LLC,
Address: 348 MIRACLE STRIP PARKWAY SW
City-St-Zip: FORT WALTON BEACH, FL 325485258 US

Title: MGRM () Delete
Name: JAVA DRIVE-THRU, LLC,
Address: 348 MIRACLE STRIP PARKWAY SW
City-St-Zip: FORT WALTON BEACH, FL 325485258 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DANIEL E JONES, JAVA-DRIVE THRU LLC

MGRM

09/10/2007

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