2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007
Secretary of State

DOCUMENT# L06000112400

Entity Name: CANOPY ROAD CAFE LLC

Current Principal Place of Business:

1913 N. MONROE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

295 N. MAGNOLIA DR.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-5921967 **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:

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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:	RANEY, DAVID	
Address:	295 N. MAGNOLIA DR.	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	MGRM	( ) Delete
Name:	BUCKENHEIMER, BRAD	
Address:	295 N. MAGNOLIA DR.	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	MGRM	( ) Delete
Name:	BENFIELD, RON	
Address:	58 SIOUX CIRCLE	
City-St-Zip:	HAVANA, FL 32333	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DAVID RANEY MGRM 08/13/2007

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