2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90020 028 ***138.75

DOCUMENT # L07000012983

1. Entity Name

ONE WAY CAFE PRESS LLC

Principal Place of Business	Mailing Address
113 WILCOX COURT AUBURNDALE FL 33823	P.O. BOX 1954 AUBURNDALE FL 33823

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
113 Wilcox Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: Auburndale, FL		City & State	
Zip: 33823	Country: Polk	Zip	Country

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSEN, JOCELYN 113 ~~D13~~ WILCOX COURT AUBURNDALE FL 33823	Name: Jocelyn Andersen Street Address (P.O. Box Number is Not Acceptable): 113 Wilcox Court City: Auburndale **FL** Zip Code: 33823

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's signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	ANDERSEN, JOCELYN	
STREET ADDRESS	113 WILCOX COURT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	MGRM	☐ Delete
NAME	WATKINS, PERRY	
STREET ADDRESS	113 WILCOX COURT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #