\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001976 ALEXANDRIA COFFEE SERVICE, L.L.C. 575 PROSPECT STREET, SUITE 222 575 PROSPECT STREET, SUITE EXCEL BUSINESS PARK LAKEWOOD NJ 08701 EXCEL BUSINESS PARK LAKEWOOD NJ 08701 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/24/1998 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FET Number Applie	A	D LIABILITY COMPANY ANNUAL REPORT 1999 FEE Annual Report \$100.00		ORIDA DEPARTA Katherine Secretary of DIVISION OF COI	Harris of State RPORATIONS		DIVIS	ו זט אטוי	LED Y OF STATE CORPORATIONS PM 4: 16
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zop Country Typ Country Typ Country Typ Country Typ Country State State State Zop Code FILTTERERESH OF SOUTH, ERN FLORIDA Name Name Name and Address of New Registered Agent/Office FILTTERERESH OF SOUTH, ERN FLORIDA Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. Oity FL Zop Code FL Zop Code FL Suite, Apt. #, etc. Oity Appl. #, etc. Oity FL Suite, Apt. #,	1. Name a of Limit	and Mailing Address ted Liability Company ALEXANDRIA COFFEE 75 PROSPECT STRE EXCEL BUSINESS PA	JMENT SERVICET, SUI	# 1980000 E, L.L.C	001976	575 PRO EXCEL B	SPECT S USINESS	STREE! S PARI	*
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. A. FET Number Application App	2 Principal Place of Business 2a. Mai			ing Address				1	e of Formation
City & State City & State City & State Country Countr	Suite, Apt. #, etc.			#, elc.			1	Applied For	
7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office FILTERFRESH OF SOUTH, ERN FLORIDA NAME NAME NAME Name Streel Address (P.O. Box Number is Not Acceptable) Streel Address (P.O. Box Number is Not Acceptable) Suite, Api #, etc. City FL 9. Pursuant to the provisions of Sections 608 416 and 608 508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, and accept the obligations. SIGNATURE Business Street Address City Suite, Api #, etc. City FL ONTE	City & Stat	te	City & State	e				,	Not Applicable
FILTERFRESH OF SOUTH, ERN FLORIDA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Zip	Country	Zip	Cou	ntry	3 5. Date of Last R	eport		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.		7. Name and Address of Curre	nt Registered A	gent		Name and Address	of New Regis	tered Age	nVOffice
9. Pursuant to the provisions of Sections 608 416 and 608 508. Florida Statutes, the above-named limited liability company submits this statement for the purpose of its registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the members. Thereby accept the applications are egistered agent, and accept the obligations. SIGNATURE (Registered Applications) (Italia Registered Applications) (Italia Regis	አሉሃአንብአንድ አንርአንድንን FilterFresh Of Southern Florida 5441 NW 15th Street				Suite, Apt #, etc. City Zip Code				
10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGR KEEFE, PAUL SAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	its register	red office or registered agent, or both, in t					ubmits this state		
MGR KEEFE, PAUL SAXXXMMXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SIGNATU	IRE(Registered Apost Assopting	g Approblems (N°)	TE Higsbried Agents 200	Patertos de Entes teachita		DATE :		
5441 NW 15th Street 1 000002871861 -05/12/9901006-	10. Title	Managing Members/Manag	ers	Busi	ness Street Address		City	, State and	Zip Code
•	MGR	KEEFE, PAUL				et	10000; -05/	2:2: 7 12/99-	1 9 5 1 -01006013
	•								
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. If urther certify that the infindicated on this annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am a managing member or managimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10 attachment with an address.	indicated of	on this annual report is true and accurat oility company or the receiver or trustee	e and that my sig	gnature shall have th	e same legal effect a	s if made under oath	, that Lam a ma	naging mer	mber or manager of the