## 2005 LIMITED LIABILITY COMPANY

## Jul 13, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L99000003463 1. Entity Name GOLDEN JAVA, L.L.C. Principal Place of Business \_\_ Mailing Address P.O. BOX 25789 1747 HAWTHORNE ST. SARASOTA, FL 34277-2789 SARASOTA, FL 34239 05202005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0929136 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 妅 Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EVANS, LAWRENCE W 1747 HAWTHORNE ST. SARASOTA, FL 34239 IN THIS SPACE 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 signature required when reinstating) U00000372615 Filing Fee is \$50.00 Due by September 7, 2005 07/13/05-80009-007 55.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE EVANS, LAWRENCE W NAME STREET ADDRESS 1747 HAWTHORNE ST. CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

**FILED**