

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001188

1. Entity Name
JAVA TIME FLORIDA LLC



Principal Place of Business

**5441 NW 15TH STREET
BAY #5
MARGATE, FL 33063**

Mailing Address

**378 UNIVERSITY AVE
WESTWOOD, MA 02090**

DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
06-1618471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000017158
01/28/04-80084-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHEN, ROGER 378 UNIVERSITY AVE WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEEFE, PAUL 5441 NW 15TH ST, BAY #5 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLORAN, EDWARD 378 UNIVERSITY AVE WESTWOOD, MA 02090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #

Edward P. Holloran **Edward P. Holloran** 1/20/04 (781) 462-8734