


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State


01-17-2007 90006 021 ****50.00

DOCUMENT # M03000003975	
1. Entity Name ROLY POLY FRANCHISE SYSTEMS, LLC	

Principal Place of Business 13245 ATLANTIC BLVD. STE. 4-399 JACKSONVILLE, FL 32225	Mailing Address 13245 ATLANTIC BLVD. STE. 4-399 JACKSONVILLE, FL 32225
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2. Principal Place of Business - No P.O. Box # 11 West Branch Rd.	3. Mailing Address 11 West Branch Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Westport, CT.	City & State Westport CT.
Zip 06880	Country US
Zip 06880	Country US

	
01112007 Chg-LLC	CR2E083 (12/06)
4. FEI Number 58-2271250	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

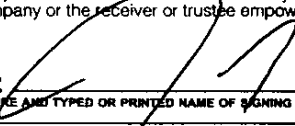
6. Name and Address of Current Registered Agent	
REID, JULIE A 13245 ATLANTIC BLVD. STE. 4-399 JACKSONVILLE, FL 32225	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 1/11/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REID, JULIE A		NAME	
STREET ADDRESS 13245 ATLANTIC BLVD. STE. 4-399		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32225		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 	DATE 1/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Julie A Reid	
Daytime Phone # 203-341-8853	