State of New Hampshire
2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 04/16/2006
Business ID: 468348
William M. Gardner
Secretary of State

AMAZON CAFES NH, LLC

14 JENNA WAY
MANCHESTER, NH 03104

ENTITY TYPE: LLC
BUSINESS ID: 468348
STATE OF DOMICILE: NEW HAMPSHIRE
OPERATING RESTAURANTS

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ADDRESS OF PRINCIPAL OFFICE:
14 JENNA WAY
MANCHESTER, NH 03104

REGISTERED AGENT AND OFFICE:
BARBARA COCCI
23 WINDMILL LLN
HAMPTON , NH 03842

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[X] The new mailing address **14 JENNA WAY, MANCHESTER, NH 03104**

[X] The new principal office address **14 JENNA WAY, MANCHESTER, NH 03104**

PO Box is acceptable.

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MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

MEMB. **Barbara Cocci**
STREET **14 JENNA WAY**
CITY/STATE/ZIP **Manchester NH 03104**
MEMB. **Edward Cocci**
STREET **14 JENNA WAY**
CITY/STATE/ZIP **Manchester NH 03104**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **BARBARA COCCI**

Please print name and title of signer: **BARBARA COCCI** / **MEMBER**
NAME TITLE

FEE DUE: **$125.00**

E-MAIL ADDRESS (OPTIONAL):

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529