2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089891

Address:

City-St-Zip:

2055 MORRISON AVE

LAKEWOOD, OH 44107

Entity Name: HYTIE'S BAGELS BY THE SEA, LLC

FILED Aug 29, 2007 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
1592 HWY	AIA			
STEC				
SATELLITE	E BEACH, FL 32937			
Current Mailing Address:		New Mailir	New Mailing Address:	
PO BOX 36				
MELBOUR	NE, FL 32936			
	20-5532783 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability c Address of Current Registered Agent:			
STE 3	BUSAN L CKHAM RD RNE, FL 32935 US			
	named entity submits this statement for the e of Florida.	e purpose of changing it	s registered office or registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of Registered A	gent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/C	ADDITIONS/CHANGES:	
Title	MCRM () Doloto	Title:	MCRM (V) Change () Addition	
Title: Name:	MGRM () Delete LANKEN, HYTIE	Name:	MGRM (X) Change () Addition LANKEN, HYTIE	
Address:	2880 N WICKHAM RD, APT. 1112	Address:	7685 CANDLEWICK DRIVE	
City-St-Zip:	MELBOURNE, FL 32935	City-St-Zip:	MELBOURNE, FL 32940	
Title:	MGRM () Delete	Title:	() Change () Addition	
Name:	LANKEN, COREY	Name:	() Change () Addition	
Address:	2880 N WICKHAM RD, APT. 1112	Address:		
City-St-Zip:	MELBOURNE, FL 32935	City-St-Zip:		
Oity Ot Zip.	WEEDOOKNE, I'E 32333	Oity of Zip.		
Title:	MGRM () Delete	Title:	() Change () Addition	
Name:	LANKEN, CHRIS	Name:	()	
Address:	169 ATLANTIC AVE	Address:		
City-St-Zip:	INDIALANTIC, FL 32903	City-St-Zip:		
Title:	MGR () Delete	Title:	() Change () Addition	
Name:	LANKEN, BROOKE	Name:	() Change () Manton	
Address:	2055 MORRISON AVE	Address:		
City-St-Zip:	LAKEWOOD, OH 44107	City-St-Zip:		
ony-or-zip.	Date of the state	Oity-St-Zip.		
Title:	MGR () Delete	Title:	() Change () Addition	
Name:	LANKEN, PAÌGÉ	Name:	- , ,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: HELEN MGRM 08/29/2007