


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State


DOCUMENT # L00000011184
1. Entity Name
BELGIAN BAKERY, L.L.C.



Principal Place of Business
1045 COLLIER CENTER WAY, UNIT 5
NAPLES, FL 34110

Mailing Address
1045 COLLIER CENTER WAY, UNIT 5
NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE



08052005No Chg-LLC CR2E083 (10/03)

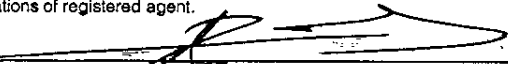
4. FEI Number 65-1045304	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WULLAERT, INGO
4030 33RD AVENUE NE
NAPLES, FL 34120

**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  DATE 8-5-2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 7, 2005**

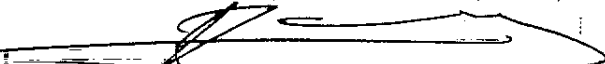
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WULLAERT, INGO 4030 33RD AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THERRY, LESLIE 4030 33RD AVENUE NE NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UNITID0376428
08/15/05-80006-004 50.00

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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)(f), 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 _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE