

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011184

Entity Name: BELGIAN BAKERY, L.L.C.

FILED  
Jul 26, 2007  
Secretary of State

**Current Principal Place of Business:**

1045 COLLIER CENTER WAY, UNIT 5  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1045 COLLIER CENTER WAY, UNIT 5  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 65-1045304      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WULLAERT, INGO  
15589 LATITUDE DR  
BONITA SPRINGS, FL 34135      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WULLAERT, INGO  
Address: 15589 LATITUDE DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM      ( ) Delete  
Name: THERRY, LESLIE  
Address: 15589 LATITUDE DR  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: INGO WULLAERT

MGRM

07/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date