2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L01000000222 1. Entity Name LA PROVENCE FRENCH BAKERY AND CAFE, LLC Principal Place of Business Mailing Address 2300 PONCE DE LEON 2300 PONCE DE LEON **MIAMI FL 33134** MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State 4. FEI Number City & State 65-1072425 Not Applicat Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAHLIN, RICHARD A CPA Street Address (P.O. Box Number is Not Acceptable) 20590 WEST DIXIE HWY NORTH MIAMI BEACH FL 33180 City 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 access the obligations of registered agent. SIGNATURE Signature, type-dior printed name of registered agent and titlo it anoboable (NOTE, Registered Agent signature required when reinstatutg) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. ☐ Addati THE Change Defete TITLE U00000436222 NAME NAME THAN, DAVID 02/27/06-80029-010 50.00 STREET ADDRESS STREET ADDRESS 1627 COLLINS AVE, CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP 🔲 Addiii Oelele THLE Change TITLE MANK STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change ☐ AACS TITLE THTLE ☐ Delete Name NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-SI-ZIP Delete TITLE Change Additio NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW Delete TITLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP Change ☐ Additio ☐ Delete TITLE THUE NAM NAMA STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 pocitive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: XMM

2/14/06

FILED

Feb 16, 2006 08:00 AM