

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000003395	
1. Entity Name SUZY'S CAKES, L.L.C.	
Principal Place of Business 5353 FAWN WOODS COURT SANFORD, FL 32771	Mailing Address 5353 FAWN WOODS COURT SANFORD, FL 32771



03302005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3699812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOCAY, SUSAN K 5353 FAWN WOODS COURT SANFORD, FL 32771	DO NOT WRITE IN THIS SPACE
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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 _____
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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOCAY, SUSAN 5353 FAWN WOODS CT SANFORD, FL 32771
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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: Susan K. Kocay 3/30/05 407-321-1418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #