2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019044

1. Entity Name
FILLED BAGEL INDUSTRIES, LLC

Principal Place of Business	Mailing Address
10057 SUNSET STRIP SUNRISE, FL 33322 US	10057 SUNSET STRIP SUNRISE, FL 33322 US

02102004No Chg-LLC CR2E063 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3716995
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZBERG, GARY
10057 SUNSET STRIP
SUNRISE, FL 33322

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARLAN BAKERIES INC
STREET ADDRESS	7597 E US HIGHWAY 36
CITY-ST-ZIP	AVON, IN 461237171
TITLE	MGRM
NAME	SCHWARTZBERG, GARY J MGRM
STREET ADDRESS	7562 W COMMERCIAL BLVD
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	MGRM
NAME	EBERTS, EDWARD MGRM
STREET ADDRESS	5954 NW 75 COURT
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	MGRM
NAME	LINCOLN FINANCIAL GROUP, LLC
STREET ADDRESS	SEVEN FANEUIL MARKETPLACE
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: Gary Schwartzberg 2-16-04 954-748-5077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #