2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000023995

1. Entity Name
JULIEN FRENCH BAKERY, L.L.C.

Principal Place of Business	Mailing Address
1458 KENSINGTON ST. PORT CHARLOTTE, FL 33980	COSTELLO, SIMS & ROYSTON P.O. DRAWER 60205 FORT MYERS, FL 33906

01082004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
33-1025209
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907

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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	MGR
NAME	BRONDEAU, WILLIAM
STREET ADDRESS	1458 KENSINGTON STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGRM
NAME	BRONDEAU, CELINE
STREET ADDRESS	1458 KENSINGTON STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	MGRM
NAME	WISE, PHILLIPE
STREET ADDRESS	23179 MACLELLAN AVENUE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/04-80075-023 50.00

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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: William Brondeau 01.14.04 (941)276.1943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #