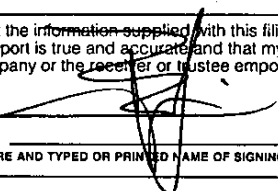


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90078 002 ****50.00

DOCUMENT # L02000023995					
1. Entity Name JULIEN FRENCH BAKERY, L.L.C.					
Principal Place of Business 1458 KENSINGTON ST. PORT CHARLOTTE, FL 33980			Mailing Address COSTELLO, SIMS & ROYSTON P.O. DRAWER 60205 FORT MYERS, FL 33906		
2. Principal Place of Business 21231 Argyle Avenue Suite, Apt. #, etc.		3. Mailing Address 21231 Argyle Avenue Suite, Apt. #, etc.			
City & State Port Charlotte, FL Zip 33954 Country USA		City & State Port Charlotte, FL Zip 33954 Country USA		4. FEI Number 33-1025209	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL 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 accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME BRONDEAU, WILLIAM STREET ADDRESS 1458 KENSINGTON STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33952	☐ Delete		TITLE MGR NAME Brondeau, William STREET ADDRESS 21231 Argyle Avenue CITY-ST-ZIP Port Charlotte, FL 33954	☒ Change ☐ Addition	
TITLE MGRM NAME BRONDEAU, CELINE STREET ADDRESS 1458 KENSINGTON STREET CITY-ST-ZIP PORT CHARLOTTE, FL 33952	☐ Delete		TITLE MGRM NAME Brondeau, Celine STREET ADDRESS 21231 Argyle Avenue CITY-ST-ZIP Port Charlotte, FL 33954	☒ Change ☐ Addition	
TITLE MGRM NAME WISE, PHILLIPE STREET ADDRESS 23179 MACLELLAN AVENUE CITY-ST-ZIP PORT CHARLOTTE, FL 33980	☒ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☒ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
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 PRESIDENT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 01-01-05		Daytime Phone # 941-255-5200