

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000023995 1. Entity Name JULIEN FRENCH BAKERY, L.L.C.	
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Principal Place of Business 21231 ARGYLE AVENUE PORT CHARLOTTE, FL 33954	Mailing Address 21231 ARGYLE AVENUE PORT CHARLOTTE, FL 33954
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07192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1025209	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

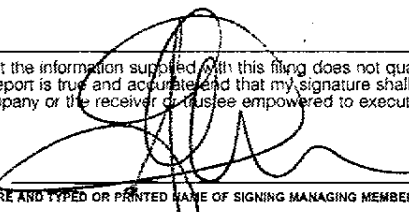
**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRONDEAU, WILLIAM 21231 ARGYLE AVENUE PORT CHARLOTTE, FL 33954
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRONDEAU, CELINE 21231 ARGYLE AVENUE PORT CHARLOTTE, FL 33954
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07/31/07-80002-014 50.00

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IN THIS SPACE**

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

SIGNATURE:  07-20-07 941-624-5181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #