

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000033822

FILED
Apr 14, 2003
Secretary of State

Entity Name: BAKERY CONCEPTS, L.L.C.

Current Principal Place of Business:

2112 N FLAMINGO ROAD
PEMBROKE PINES, FL 33028

New Principal Place of Business:

322 N ALAFAYA TRAIL
ORLANDO, FL 32828

Current Mailing Address:

2112 N FLAMINGO ROAD
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 45-0494799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKENS, DARET K
16731 SW 49TH COURT
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

DICKENE, DOROTHY
16731 SW 49TH COURT
MIRAMAR, FL 33027 US

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.

SIGNATURE: DOROTHY DICKENS

04/14/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DICKENS, HAYES
Address: 16731 SW 49TH CT
City-St-Zip: MIARAMAR, FL 33027

Title: MGR () Change (X) Addition
Name: DICKENS, DOROTHY
Address: 16731 SW 49TH CT
City-St-Zip: MIRAMAR, FL 33027

Title: MGR () Change (X) Addition
Name: DICKENS, DARET
Address: 16731 SW 49TH COURT
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOROTHY DICKENS

MGR

04/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date