


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000014979 1. Entity Name ANDRE INTERNATIONAL BAKERY LLC |  |
|---|---|

| | |
|---|--|
| Principal Place of Business 1000N. TOWN & RIVER DRIVE FORT MYERS, FL 33919 LE | Mailing Address 1000 N. TOWN & RIVER DRIVE FORT MYERS, FL 33919 LE |
|---|--|

DO NOT WRITE IN THIS SPACE



01192005No Chg-LLC CR2E083 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 56-2353119 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GRATESOL, ANDRE P
1000 N. TOWN & RIVER DRIVE
FORT MYERS, FL 33919**

**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

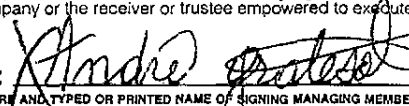
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRATESOL, ANDRE P 1000N.TOWN & RIVER DRIVE FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRATESOL, MICHELE B 1000N. TOWN & RIVER FORT MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**U00000361152
05/05/05-80054-008 50.00**

**DO NOT WRITE
IN THIS SPACE**

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:  **4-29-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #