## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # L03000026849** 1. Entity Name 04-23-2004 90018 016 \*\*\*\*50.00 PREMIER BAKERY LLC Principal Place of Business. . Mailing Address 2001 WEST ATLANTIC AVE. STE A 2001 WEST ATLANTIC AVE, STE A DELRAY-BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address 2001 W. Aflantic Avenue Suite, Apt. #, etc Suite, Apt. #, etc. 04152004 Chg-LLC CR2E083 (10/03) Applied For & State 4. FEI Number City & State 51-0477728 Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHNEIDER WEINBERGER LLP Street Address (P.O. Box Number is Not Acceptable) 2499 GLADES RD., STE. 108 BOCA RATON, FL 33431 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Change Addition MGR TM F ☐ Delete TITLE John Tarantino NAME 2001 W. Atlantic Avenue, Suite A NAME Land of the second STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Defete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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.

E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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