### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000049936

1. Entity Name
GINGERBREAD ETC. L.L.C.

Apr 18, 2007 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

11 16TH RD. W. PALM COAST, FL 32137 Mailing Address

11 16TH RD. W. PALM COAST, FL 32137

### DO NOT WRITE IN THIS SPACE

04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0739134 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

ABEL, AARON C 11 16TH RD. W. PALM COAST, FL 32137

## DO NOT WRITE IN THIS SPACE

|       |   |   |   | <del></del>   |
|-------|---|---|---|---------------|
|       | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating)  | DATE                                      |               |
| SIGNA | JBF   |   |   |               |
| the c | oligations of registered agent.   |   |   |               |
|       | bove named entity submits this statement for the purpose of cl                | hanging its registered office or registered agent, or both, i | n the State of Florida. I am familiar wit | h, and accept |

#### Filing Fee is \$50.00 Due by May 1, 2007

| 9.   | . MANAGING MEMBERS/MANAGERS                            |  |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGRM ABEL, AARON C 11 16TH RD. W. PALM COAST, FL 32137 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |
| 71TLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |

000000713932 04/27/07-80003-007 50.00

# DO NOT WRITE 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: X Acrox C Abel x 4-13-07

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

Date Daylore P