

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014655

FILED  
Jan 16, 2006  
Secretary of State

Entity Name: TAMMY'S SUNRISE CAFE, LLC

**Current Principal Place of Business:**

13120 WESTLINKS TERRACE  
UNIT 10  
FT. MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

13120 WESTLINKS TERRACE  
UNIT 10  
FT. MYERS, FL 33913

**New Mailing Address:**

FEI Number: 33-1089624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KASKE, TAMMY  
2408 TED AVE. S.  
UNIT #40  
LEHIGH ACERES, FL 33971 US

**Name and Address of New Registered Agent:**

KASKE, TAMMY  
2408 TED AVE. S.  
LEHIGH ACERES, FL 33971 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: TAMMY KASKE

01/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KASKE, TAMMY  
Address: 2408 TED AVE. S.  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: MGRM ( ) Delete  
Name: PAQUETTE, LAURIE  
Address: 2246 KOXFORD RIDGE CIR.  
City-St-Zip: LEHIGH ACRES, FL 33971

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: PAQUETTE, LAURIE  
Address: 2246 OXFORD RIDGE CIR.  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LAURIE PAQUETTE

MGRM

01/16/2006

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