## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 29, 2007 8:00 am Secretary of State

DOCUMENT # L0400020868  1. Entity Name THE BREAKFAST NOOK, LLC					03-29-2007 90177 013 ****50.00			
Principal Place	e of Business							
3406 - 52ND ST. WEST Bradenton, FL 34209		3406 - 52ND ST. WEST Bradenton, FL 34209			BEIN E(#1 8841 8841 4871			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Numb 20-093	-	<del></del>	optied For of Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 Ad	ditional ed
	6. Name and Address of Current			7. Name and Address of New Registered Agent				
LYONS, JEFF				Name				
3406 - 52ND ST. WEST BRADENTON, FL 34209				Street Address (P.O. Box Number is Not Acceptable)				
			City.					
9. The above comed entity submits this statement for the average of sheep in				City FL Zip Code				
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.   am familiar with, and accept the obligations of registered agent. SIGNATURE								
SignAT URC Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	iling Fee is \$50.00 ue by May 1, 2007					Make check payable to Florida Department of State		
9.	MANAGING MEMBERS/MANAGERS					ADDITIONS/	CHANGES	
TITLE NAME			TITL				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	3406 52ND ST. W. STI		STRE	ET ADDRESS -ST-ZIP				
TITLE			TITU				☐ Change	Addition
NAME STREET ADDRESS			NAM Stre	ET ADDRESS				
CITY-ST-ZIP			-	-ST-ZIP				
TITLE NAME	222 24444		TITLE				☐ Change	☐ Addition
STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP				-ST-ZIP		<del></del>		
TITLE NAME		☐ Delete	TITL! NAM				☐ Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			+	-ST-ZIP			F1 ~	
TITLE Name		☐ Delete	NAM				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	E Et address				
CITY-ST-ZIP				-ST-ZIP				
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.								