2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000055203

1. Entity Name
SOUTHPAW CHOCOLATE LOVER, LLC



FILED Apr 04, 2007 08:00 A Secretary of State

Principal Place of Business

1673 EAST RIDGEFIELD DRIVE HERNANDO, FL 34442 Mailing Address

1673 E. RIDGEFIELD DRIVE HERNANDO, FL 34442



02102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-1450637		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRASNECK, RONALD F 1673 EAST RIDGEFIELD HERNANDO, FL 34442

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	nging its registere	d office or registered agent, or both	i, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Fi D	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRASNECK, RONALD F 1673 E. RIDGEFIELD DRIVE HERNANDO, FL 34442			U00000689753 04/11/07-80048-005 50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				:		
TITLE						

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.

IGNATURE: ROMALD F. KAUSTERA

april 3-2007 352-860-1019

Daytime Phon