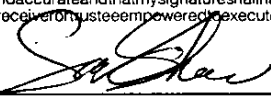


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90020 008 ****50.00

DOCUMENT# L04000083678 1. EntityName BAKERYPLUSII,LLC					
PrincipalPlaceofBusiness 915 EAST MICHIGAN STREET ORLANDO, FL 32806-4702			MailingAddress 915 EAST MICHIGAN STREET ORLANDO, FL 32806-4702		
2. PrincipalPlaceofBusiness		3. MailingAddress			
Suite,Apt.#,etc.		Suite,Apt.#,etc.			
City&State		City&State			
Zip	Country	Zip	Country	04172006 Chg-LLC CR2E083(11/05)	
4. FEINumber 20-1993061				AppliedFor ☐ NotApplicable	
5. CertificateofStatusDesired ☐				\$5.00 Additional FeeRequired	
6. NameandAddressofCurrentRegisteredAgent CHEN,SAM 915MICHIGANST ORLANDO,FL32806			7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode		
8. Theabovenamedentitysubmits thisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i theobligationsofregisteredagent. ntheStateofFlorida.Iamfamiliarwith,andaccept					
SIGNATURE _____ Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgent'ssignatureisrequiredwhenre-instating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGINGMEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREETADDRESS CITY-ST-ZIP	MGR CHEN,SAM 915EMICHIGANSTREET ORLANDO,FL32806 ☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I herebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionscontainedinChapter119,F indicatedonthisreportistruerandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath; that limitedliabilitycompanyorthereceiverorthusteeempoweredtoexecutethisreportasrequiredbyChapter608,FloridaStatu  I am a managing member or manager of the tes. 4.18.06					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				DaytimePhone#	