

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087464

**Entity Name:** RUPPERT'S BAKERY LLC

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

184 N. MARION STREET  
LAKE CITY, FL 32055 US

**New Principal Place of Business:**

**Current Mailing Address:**

184 N. MARION STREET  
LAKE CITY, FL 32055 US

**New Mailing Address:**

**FEI Number:** 16-1694421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FOSTER, MARIE E  
184 N. MARION STREET  
LAKE CITY, FL 32055 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: FOSTER, TOM L MANAGER  
Address: 184 NORTH MARION  
City-St-Zip: LAKE CITY, FL 32055 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM L FOSTER

MR

04/30/2005

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