

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085117

FILED
Apr 30, 2007
Secretary of State

Entity Name: 5 LOAVES & 2 LLC

Current Principal Place of Business:

3950 RCA BLVD.
SUITE 5004
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

3957 FLORIDA BLVD.
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 20-3417402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUPNARINE, EDISON F
3957 FLORIDA BLVD.
PALM BEACH GARDEBS, FL 33410 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/MANAGERS:

Title: MGR () Delete
Name: RUPNARINE, YVONNE M
Address: 1500 GIRALDA CIR. WEST # 102
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: RUPNARINE, EDISON F
Address: 3957 FLORIDA BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGRM () Delete
Name: BRANCHE, LINTON G
Address: 1500 GIRALDA CIR. WEST # 102
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LINTON BRANCHE

MGRM

04/30/2007

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