2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L05000086283

Entity Name: VILLAGE CAFE & BAKERY, LLC

Current Principal Place of Business:

C/O CHANLEY T. HOWELL
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

New Principal Place of Business:

C/O KAROLYN OVIAN
2815 CORINTHIAN AVE
JACKSONVILLE, FL 32210

Current Mailing Address:

C/O CHANLEY T. HOWELL
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

New Mailing Address:

C/O KAROLYN OVIAN
2815 CORINTHIAN AVE
JACKSONVILLE, FL 32210

FEI Number: 20-3457307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 322023520 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: HOWELL, CHANLEY T
Address: 3663 RICHMOND STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR ( ) Delete
Name: HOWELL, JANE E
Address: 3663 RICHMOND STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR (X) Delete
Name: KAROLYN, OVIAN
Address: 2815 CORINTHIAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR (X) Delete
Name: CANTIN, PATRICK
Address: 2815 CORINTHIAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OVIAN, KAROLYN
Address: 2815 CORINTHIAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR (X) Change ( ) Addition
Name: CANTIN, PATRICK
Address: 2815 CORINTHIAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

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: CHANLEY T HOWELL ATTY 04/28/2008

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