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Secretary of State
03-02-2007 90190 016 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

30007123

DOCUMENT # L06000017180

1. Entity Name

SPRINKLES CAFE, LLC

Principal Place of Business	Mailing Address
400 CLEMATIS STREET, UNIT 102 WEST PALM BEACH FL 33401	400 CLEMATIS STREET, UNIT 102 WEST PALM BEACH FL 33401

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0218020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAMS, DANIEL J ESQ. C/O HICKS, BRAMS & MOTTO, P.A. 1645 PALM BEACH LAKES BLVD., SUITE 1050 WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: DONNA MARKS PRES/Treasurer 322 VALENCIA RD OWNER WPB, FL 33407 Manager ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Philippe Malouf V.P. 8 CLOISTER CIRCLE partner WPB FL 33401 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Marta Malouf 8 Cloister Circle partner WPB, FL 33401 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete	☐ Change ☐ Addition

PRES

VICE PRES.

Secretary

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: _____, OWNER 2/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Telephone Number