

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017180

Entity Name: SPRINKLES CAFE, LLC

FILED
Jan 28, 2008
Secretary of State

Current Principal Place of Business:

400 CLEMATIS STREET, UNIT 102
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

400 CLEMATIS STREET, UNIT 102
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 76-0818020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current 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 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: P () Delete
Name: MARKS, DONNA
Address: 322 VALARIO RD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: MALOUF, PHILIPPE
Address: 8 CLUIS TER CIR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: MALOUT, MARTA
Address: 8 CLORSTEN CIR
City-St-Zip: WEST PALM BEACH, FL 33401

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: DONNA MARKS

PRES

01/28/2008

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