


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90037 033 \*\*\*\*50.00

<b>DOCUMENT # L06000019705</b> 1. Entity Name <b>CAKE EMPORIUM, L.L.C.</b>					
Principal Place of Business <b>1164 W. OSCEOLA PKWY KISSIMMEE, FL 34741</b>			Mailing Address <b>1164 W. OSCEOLA PKWY KISSIMMEE, FL 34741</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>620 LAKE BISCAYNE WAY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>20-4368929</b>	
Zip <b>32824</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MELENDEZ, FRANCIS X ESQ. 202 LOOKOUT PLACE MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name <b>JOSEPHINE E. GALLUCCI</b> Street Address (P.O. Box Number is Not Acceptable) <b>13488 LANSING AVE.</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33981</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/11/2007</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PICHARDO, FELIX 370 STOCKTON STREET PERTH AMBOY, NJ 08861</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FELIX PICHARDO 620 LAKE BISCAYNE WAY ORLANDO, FL 32824</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>Felix Pichardo Sr.</i>			<b>4/11/07 732-925-4784</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		