2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED Aug 16, 2007 8:00 am

				 -	secretary of State			
DOCUMENT # L06000063434 1. Entity Name CAFE BEBE, LLC					08-16-2007 90080 004 ****50.00			
Principal Place 12788 INDIAI #9 & 10 LARGO, FL 3	N ROCKS RD.	Mailing Address 12788 INDIAN ROCKS RI #9 & 100 LARGO, FL 33774)		60054825			
2. Principal Pl. 1278 Suite, Apt.	ace of Business - No.P.O. Box# 18 Induan Rodes, #. etc. 9 f 10	3. Mailing Address 12788 I Suite, Apt. #, etc. 501 +6 9 +1	Ending Ro	08112007	Chg-LLC	CR2E083 (12	V06)	
City & State	go FL	City & State LG TGO F	Country C	4. FEI Numb	ZU-511	7036	Not	Applicable
Zip Country Zip Zip 3.3 7 74 U.S. S. Name and Address of Current Registere		33119	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5. Certificate of Status Desired S5.00 Additional Fee Required 7. Name and Address of New Registered Agent				
COMPARETTO, AJ 4554 CENTRAL AVE. SUITE A ST. PETE, FL 33710		Name Street Addr	ess (P.O. Box Numb	er is Not Acceptable)			
			City			FL	Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or req	gistered agent, or bo	oth, in the State of Flo	rida. I am familiar	with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)		DATE		
Fili	Signature, typed or printed name of registered agent a ing Fee is \$50.00 by September 14, 2007	nd file if applicable. (NOTE:	Registered Ägent signature r	equired when reinstating)		e check payable Department of		
Fil Due h	ing Fee is \$50.00 by September 14, 2007		Registered Agent oignature re	equired when reinstating)		e check payable Department of		
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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 pose and accurate and that one significant indicated on this report is pose and accurate and that one significant indicated on this report is pose and accurate and that one significant indicated on this report is pose and accurate and that one significant indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on this report is posed in the information indicated on the information indica

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPES OF PA

STREET ADDRESS CITY-ST-ZIP