


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90177 043 \*\*\*\*55.00

<b>DOCUMENT # L06000100627</b>					
1. Entity Name COOKIES NURSERY LLC					
Principal Place of Business 6190 CAREW PLACE MERRITT ISLAND, FL 32953			Mailing Address 6190 CAREW PLACE MERRITT ISLAND, FL 32953		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03092007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-5798911	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CROFT, WARREN 6190 CAREW PLACE MERRITT ISLAND, FL 32953				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, WARREN			NAME	
STREET ADDRESS	6190 CAREW PLACE			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, KUN HUI			NAME	
STREET ADDRESS	6190 CAREW PLACE			STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
SIGNATURE: <u>Warren Croft</u>				Date: <u>3-20-07</u> Daytime Phone #: <u>321-452-9329</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					