



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90038 016 ***138.75

DOCUMENT # L06000104937 1. Entity Name STAR BAKERY CAFE LLC																											
Principal Place of Business 2387 GABRIEL LANE WEST PALM BEACH, FL 33406			Mailing Address 2387 GABRIEL LANE WEST PALM BEACH, FL 33406																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State Zip Country		City & State Zip Country		01072008 Chg-LLC CR2E083 (12/06)																							
4. FEI Number 20-5799631				Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent ALLIONE, STELLA 2387 GABRIEL LANE WEST PALM BEACH, FL 33406																							
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGRM</td> <td style="width:15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALLIONE, STELLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2387 GABRIEL LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WEST PALM BEACH, FL 33406</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ALLIONE, STELLA		STREET ADDRESS	2387 GABRIEL LANE		CITY-ST-ZIP	WEST PALM BEACH, FL 33406											
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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.																											
SIGNATURE: <u>Stella Allione</u> <u>Stella Allione</u> <u>01/18/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																											