2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000105613

1. Entity Name
LABELLA PASTICCERIA LLC

60040771

Principal Place of Business	Mailing Address
5773 FALLING TREE LN	5773 FALLING TREE LN
PORT ORANGE, FL 32127	PORT ORANGE, FL 32127

2. Principal Place of Business - No P.O. Box #
101 Palm Harbor Pkwy

Suite, Apt. #, etc.
B 118

City & State
Palm Coast FL

Zip 32137 County Flagler

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

01092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5806144
Applied For
Not Applicable

5. Certificate of Status Desired $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZER, ROBERT D 2090 S. NOVA RD SUITE AA05 DAYTONA BEACH, FL 32119	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 _____
Signature, typed or printed name of registered agent and title if applicable (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	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	CHENEY, JOHN		NAME			
STREET ADDRESS	5773 FALLING TREE LN		STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ 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: _____ John Cheney 4/22/2007 3865975888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #