


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jun 24, 2008 8:00 am**  
**Secretary of State**

06-24-2008 90044 005 \*\*\*538.75

DOCUMENT # L07000001582 1. Entity Name LA PROVENCE FRENCH BAKERY - WHOLESALE, LLC	
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Principal Place of Business 1627 COLLINS AVENUE MIAMI BEACH FL 33139	Mailing Address 1627 COLLINS AVENUE MIAMI BEACH FL 33139
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2. Principal Place of Business - No P.O. Box # 2106 NW 13th Avenue Suite, Apt. #, etc.	3. Mailing Address 2106 NW 13th Ave Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/07)

City & State Miami FLORIDA	City & State Miami FLORIDA
Zip 33142	Zip 33142

4. FEI Number 75-3237006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD SUITE 1500 MIAMI FL 33131
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7. Name and Address of New Registered Agent Name BERENFELD SPRITZER Schechter Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd Coral Gables City FL Zip Code 33134
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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 \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAU, DAVID 1627 COLLINS AVENUE MIAMI BEACH FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David Thau Date: 06/19/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE