

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066941

FILED
Apr 25, 2009
Secretary of State

Entity Name: GRANDPA'S BREAD COMPANY, LLC

Current Principal Place of Business:

4770 BISCAYNE BOULEVARD
400
MIAMI, FL 33137

New Principal Place of Business:

4770 BISCAYNE BOULEVARD
1400
MIAMI, FL 33137

Current Mailing Address:

4770 BISCAYNE BOULEVARD
400
MIAMI, FL 33137

New Mailing Address:

4770 BISCAYNE BOULEVARD
1400
MIAMI, FL 33137

FEI Number: 26-2969003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTERS, ALAN S
4770 BISCAYNE BLVD
640
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GALBUT, SARIT
Address: 4770 BISCAYNE BLVD., SUITE 400
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: STERN, ORLY
Address: 4770 BISCAYNE BLVD., SUITE 400
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALBUT, SARIT
Address: 4770 BISCAYNE BLVD., SUITE 1400
City-St-Zip: MIAMI, FL 33137

Title: MGRM (X) Change () Addition
Name: STERN, ORLY
Address: 4770 BISCAYNE BLVD., SUITE 1400
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SARIT GALBUT

MGR

04/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date