2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L08000069716

Entity Name: SCRATCH CAKES BAKERY & RESTAURANT LLC

Current Principal Place of Business:

1085 SOPCHOPPY HIGHWAY, UNIT 2
SOPCHOPPY, FL 32358

New Principal Place of Business:

1085 SOPCHOPPY HIGHWAY, SUITE 2
SOPCHOPPY, FL 32358

Current Mailing Address:

1085 SOPCHOPPY HIGHWAY, UNIT 2
SOPCHOPPY, FL 32358

New Mailing Address:

1085 SOPCHOPPY HIGHWAY, SUITE 2
SOPCHOPPY, FL 32358

FEI Number: 35-2344235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANKLIN, FREDDIE
43 GREENLIN VILLA ROAD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

COLES, AUDREY
53 PINK GREEN ROAD
SOPCHOPPY, FL 32358 US

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: AUDREY COLES 03/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COLES, AUDREY
Address: 53 PINE GREEN ROAD
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM (X) Delete
Name: FRANKLIN, FREDDIE
Address: 43 GREENLIN VILLA ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Delete
Name: FRANKLIN, HELEN
Address: 43 GREENLIN VILLA ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COLES, AUDREY
Address: 53 PINK GREEN ROAD
City-St-Zip: SOPCHOPPY, FL 32358

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: AUDREY COLES MGR 03/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date