

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000842

FILED
Apr 22, 2008
Secretary of State

Entity Name: SUNRISE WHOLE GRAIN BREADS L.C.

Current Principal Place of Business:

315 S HOPKINS AVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

5539 RIVER OAKS DR
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3408820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, BONNIE M
5539 RIVER OAKS DR
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

GOODWIN, BONNIE M CEO
5539 RIVER OAKS DR
TITUSVILLE, FL 32780 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: BONNIE M GOODWIN

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOODWIN, THOMAS P
Address: 315 S HOPKINS AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR () Delete
Name: GOODWIN, BONNIE M
Address: 315 S HOPKINS AVE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOODWIN, THOMAS P COO
Address: 315 S HOPKINS AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR (X) Change () Addition
Name: GOODWIN, BONNIE M CEO
Address: 315 S HOPKINS AVE
City-St-Zip: TITUSVILLE, FL 32796

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: BONNIE M GOODWIN

CEO

04/22/2008

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