


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -2 PM 3:49 42 3/5	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000001328		1a. Principal Place of Business Address	
PANIFICIO WHOLESALE ITALIAN BAKERY, LC 1634 MAIN STREET SARASOTA FL 34236				1634 MAIN STREET SARASOTA FL 34236	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		PO Box 3319		11/25/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
		USA		05-0801212	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				80 % Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name NICHOLAS CASTRONUOVO Street Address (P.O. Box Number is Not Acceptable) 1703 YMAIN ST. Suite, Apt. #, etc. City Sarasota FL Zip Code 34236			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE		DATE		7/26/98	
10. Title		Managing Members/Managers		Business Street Address	
MGRM		CASTRONUOVO, NICHOLAS		3115 EAST VINA DEL MAR BOU	
MGRM		MELONE, RONALD T		14634 MUSKET FIRE LANE	
				ST. PETERSBURG FL ORLANDO FL	
				400002452144--1 -03/10/98--01045--001 ****188.75 ****188.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:		DATE		Daytime Phone #	
7/28/98					