


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -7 PM 2: 21

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # 197000001328**

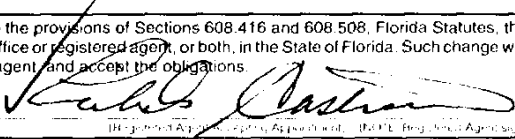
PANIFICIO WHOLESALE ITALIAN BAKERY, LC
PO BOX 3319
SARASOTA FL 34230

1a. Principal Place of Business Address
1634 MAIN STREET
SARASOTA FL 34236

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 11/25/1997	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0801212	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Date of Last Report 03/02/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
Zip	Country	Zip	Country		

7. Name and Address of Current Registered Agent CASTRONUOVO, NICHOLAS 1703 MAIN STREET SARASOTA FL 34236		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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 3/22/99

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CASTRONUOVO, NICHOLAS	3115 EAST VINA DEL MAR BOU	ST. PETERSBURG FL
MGRM	O'DEA, MADELINE	2101 EAST VINA DEL MAR BLV	ST. PETERSBURG FL

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****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:  3/22/99