O

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Jun 10, 2005 08:00 AM Secretary of State

DOCUMENT # M01000000381  1. Entity Name EUROBAKE LLC								Secretary of State				
Principal Plac	TREET SOL	Mailing Address 230 19TH STREET SOUTH ST. PETERSBURG FL 33712										
ST. PETERS		3. Mailing Address				_						
Suite, Apt,		- Suite, Apt. #, etc.					1					
City & Stat	·	City & State				4. FEI Num		Unzcu		plied For		
		Zip Coun			.ten .		59-368879	7	No	t Applicable		
Zıp	<del></del>	Country			luy	5. Certificate of Status Desired S5.00 Additional Fee Required						
	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent  Name						
GEF 230	HARD, F	HARTMUT TREET SOUTH		-		Street Address (P.O. Box Number is Not Acceptable)						
ST. PETERSBURG FL 33712				,								
				•		City	<del></del>		F	_	[	
8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signaturation of printed name of Agriculture and little if explicable (NOTE Registered Agent signature required when remestating)  OATE												
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005												
9.		MANAGING MEMBE	RS/MANA	GERS	10.			ADDITIONS	/CHANGE			
TITLE NAME	MGR Delete " Delete					I		Ungn	903693	Change	Addition	
STREET ADDRESS CHY-ST-ZIP	230 19TH STREET SOUTH					EET ADDRESS -ST-ZIP		06/10/0	5-8001	34-014 5	5.00	
BILE	MGR	1350Nd FL 33712		☐ Deleta	THE	r	<del></del>	<del> </del>		☐ Change	Addition	
NAME STREET ADORESS	MARZ, KLAUS DIESELSTRASSE 17, ST					IE EET ADCRESS					{	
CHY-ST-ZIP	85748 GA	RCHING, GERMANY		" Date:	CITY	-ST-2IP		<u> </u>	<u> </u>	☐ Change	Addition	
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STREET ADDRESS					<b>7</b> .	EET AODRESS (-ST-ZIP		-				
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TITLE	<del> </del>	<del></del>	<del></del>	Delete Park	mu					☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM Stri	ie Eet address						
CITY-ST-ZIP		<del></del>	<u> </u>			r-ST-ZIP		<del></del>		FT (1	T seed-	
NAME .				Delete	NAM	<b>I</b>				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	}					EET ADDRESS (-SI-70°						
11. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute his required by Chapter 608, Florida Statutes.												
SIGNATURE: 8- 5. 966/05 (127)823-1113												