

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000381

Entity Name: EUROBAKE LLC

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

230 19TH STREET SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

1927 4TH AVENUE S.
ST. PETERSBURG, FL 33712

Current Mailing Address:

230 19TH STREET SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

1927 4TH AVNUE S.
ST. PETERSBURG, FL 33712

FEI Number: 59-3688797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERHARD, HARTMUT
230 19TH STREET SOUTH
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

GERHARD, HARTMUT
1927 4TH AVENUE S.
ST. PETERSBURG, FL 33712 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:

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GERHARD, HARTMUT
Address: 230 19TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGR () Delete
Name: MARZ, KLAUS
Address: DIESELSTRASSE 17,
City-St-Zip: 85748 GARCHING, GERMANY,

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GERHARD, HARTMUT
Address: 1927 4TH AVENUE S.
City-St-Zip: ST. PETERSBURG, FL 33712

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NIKOLAUS MAERZ

MGR

01/31/2007

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