

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

WL
4/29

98 APR 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M95000000230**

INTERNATIONAL DESSERT PARTNERS L.L.C., L.C.

5200 BLUE LAGOON DRIVE, SUITE 790
MIAMI FL 33126

1a. Principal Place of Business Address

5200 BLUE LAGOON DRIVE, SUITE 790
MIAMI FL 33126

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

08/04/1995

DE

4. FEI Number

65-0601166

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

02/10/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

400002512034--2

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****188.75

FL

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR BUSH, JOHN

5200 BLUE LAGOON DR., STE. MIAMI FL

MGR STICKLEY, ARTHUR E

5200 BLUE LAGOON DR., STE. MIAMI FL

~~MGR HOMER, DAVID~~

~~5200 BLUE LAGOON DR., STE. MIAMI FL~~

MGR AREND, PHILIP L

5200 BLUE LAGOON DR., STE. MIAMI FL

MRGM APPEL, MARJORY A

700 SYLVAN PLAZA INGLEWOOD CLIFFS NJ

MGR Waldron, Robert

5200 Blue Lagoon Dr. STE. Miami FL

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:

Arthur Stickley 4/23/98 (305) 264.2232

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #