


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90020 034 ***138.75

DOCUMENT # L05000054916
 1. Entity Name
MAMA VIEJA, LLC




Principal Place of Business Mailing Address
235 23RD STREET **235 23RD STREET**
MIAMI BEACH, FL 33139 US **MIAMI BEACH, FL 33139 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60031191



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-2969047 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
~~CRAIG M. DORNE, PA~~
~~407 LINCOLN ROAD~~
~~PENTHOUSE SOUTHEAST~~
~~MIAMI BEACH, FL 33139~~

7. Name and Address of New Registered Agent
 Name **DEBORA K GILBERT-LYTTLE, CFO**
 Street Address (P.O. Box Number is Not Acceptable)
1691 MICHIGAN AVE
SUITE #328
 City **MIAMI BEACH** **FL** Zip Code **33139**

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 *Deborah K Gilbert-Little, CFO* DATE **04/23/08**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGM	<input type="checkbox"/> Delete
NAME	SIERVO, NICOLA	
STREET ADDRESS	1691 MICHIGAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	MGM	<input type="checkbox"/> Delete
NAME	EDWARDS, LINLEY	
STREET ADDRESS	1691 MICHIGAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	MGM	<input type="checkbox"/> Delete
NAME	PARKWAY HOLDINGS CORPORATION	
STREET ADDRESS	1691 MICHIGAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	MGM	<input type="checkbox"/> Delete
NAME	MASRI, KARIM	
STREET ADDRESS	1691 MICHIGAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	MGM	<input type="checkbox"/> Delete
NAME	SEIKALY, RONY	
STREET ADDRESS	1691 MICHIGAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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: *Linley Edwards* DATE: **04/23/08** DAYTIME PHONE: **305-698-0288**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #