

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073711

FILED
Jan 17, 2007
Secretary of State

Entity Name: THE SMOOTHIE SHOP LLC

Current Principal Place of Business:

1229 WASHINGTON AVENUE
SOUTH BEACH, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

1229 WASHINGTON AVENUE
SOUTH BEACH, FL 33319 US

New Mailing Address:

FEI Number: 20-5269011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMIEL, ERIC
1229 WASHINGTON AVE
SOUTH BEACH, FL 33319 US

Name and Address of New Registered Agent:

DERHY FINANCIAL SERVICES LLC
99 NW 183RD ST
112
MIAMI, FL 33169 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: DERHY DVIR

01/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMIEL, ERIC
Address: 1229 WASHINGTON AVE
City-St-Zip: SOUTH BEACH, FL 33319

Title: MGR () Delete
Name: COHEN, AVI
Address: 1165 102ND STREET #9
City-St-Zip: BAY HARBOUR ISLANDS, FL 33154 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AMIEL, ERIC
Address: 3375 N. COUNTRY CLUB DRIVE # 1406
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR (X) Change () Addition
Name: COHEN, AVI
Address: 1200 WEST AVE # 1423
City-St-Zip: MIAMI BEACH, FL 33139 US

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: ERIC AMIEL

P

01/17/2007

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