

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010720

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: B & B'S OF AVENTURA, L.L.C.

**Current Principal Place of Business:**

18955 BISCAYNE BLVD  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

B & B'S OF AVENTURA LLC DBA PERRY'S  
18955 BISCAYNE BLVD  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 65-1118340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, ALAN W  
1110 BRICKELL AVE  
7TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HAMMATI, SIA  
Address: 4140 N 35 AVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR ( ) Delete  
Name: MIRAVI, MICHEAL M  
Address: 11207 ELMVIEW PL  
City-St-Zip: GREAT FALLS, VA 22066

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEMMATI, SIA  
Address: 18955 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

Title: MGR (X) Change ( ) Addition  
Name: MIRAVI, MICHEAL M  
Address: 18955 BISCAYNE BLVD  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SIA HEMMATI

MGR

04/29/2004

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