


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90015 046 ****55.00

DOCUMENT # L01000001739	
1. Entity Name LITTLE BONGO, L.L.C.	

Principal Place of Business 23705 SW 117 AVENUE MIAMI, FL 33032	Mailing Address 23705 SW 117 AVENUE MIAMI, FL 33032
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2. Principal Place of Business 200 SOUTH DISCAYNE BLVD Suite, Apt. #, etc. 6TH FLOOR City & State MIAMI, FL Zip 33131 Country USA	3. Mailing Address 200 SOUTH DISCAYNE BLVD Suite, Apt. #, etc. 6TH FLOOR City & State MIAMI, FL Zip 33131 Country USA
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04282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1068928	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAZ-FOX, EMILIA 1441 BRICKELL AVENUE, SUITE 1005 FOUR SEASONS OFFICE TOWER MIAMI, FL 33131	7. Name and Address of New Registered Agent Name GOLDSTEIN, TANEN & TREUCH, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH DISCAYNE BLVD. SUITE 3700 City MIAMI FL Zip Code 33131
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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  JEFF TANEN 4/28/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, BARBARA 2990 SW 12 ST MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	26401 S.W. 107 AVE. HOMESTEAD, FL 33032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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:  4/28/05 305-258-8440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #