LIMITED LIABILITY ÇOMPANY UNIFORM BUSINESS RÉPORT (UBR)

L000000Q3738

DOCUMENT #

PASTA PARTNERS, LLC

1. Entity Name

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90598 009 ***150.00

| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | |
|-----------------------------|--|----------------------|--|---------------------|----------------|--|---------------------------------------|------------|--------------------------|---------------------------------------|-----------------|
| | | | | | | 958392 | | | | | |
| 1 = / | | | 3. Mailing Address | | | | | | | | |
| 2600 | NW 87th Ave. | 2600 | 2600 NW 87th Ave. | | | | | | | | |
| Suite, Apt | | Suite, | . Apt. #, etc. | | | 7 | DO NOT WRITE | IN THIS S | SPACE | | |
| Bay # | | Bay | | | | | | | | | |
| Miami, F1. | | | City & State Miami, F1. | | | | | | | Applied For | \Box |
| Zip | Country | Zip | <u> </u> | Country | · | 6. | 5-1007539 | | | Not Applicat |)le |
| 33172 | Miami-Dade | 3317 | 2 | Miami | -Dada | 5. Cer | tificate of Status Desired | | \$5.00 Fee Req | Additional | |
| | | | | TILLUMA. | | 7. Name | and Address of Current Re | | | | -{ |
| | DO MOTIM | | _ | Na | ime | · · | · · · · · · · · · · · · · · · · · · · | | | | \dashv |
| DO NOT WRITE Street Address | | | | | | (P.O. Box Number is Not Acceptable) | | | | | |
| IN THIS SPACE | | | | | 00171001000 (| ss (F.O. Box Number is Not Acceptable) | | | | | |
| , () | 114 11110 01 | AOL | • | | | | | - | | · · · · · · · · · · · · · · · · · · · | 7 |
| 43 | • | | | Cit | v | | | | 7in C | ode . | - |
| 7464 | | | | | , | | | <u> FL</u> | Zip C | ode | |
| o. The above | e named entity submits this statement for | or the purpos | e of changing its r | egistered off | ce or register | ed agent, | or both, in the State of Florid | a. | | | |
| SIGNATURE . | | | | | | | | | | | ĺ |
| | Signature, typed or printed name of registered agent | and title if applica | ible. | | | | <u> </u> | DATE | | | |
| | | | FI | EE IS \$50. | 00 | | | | | | \dashv |
| | (2) 新中国"LECTION AFT" | M | ake Check Pay | able to De | partment of | f State | | | | | .} |
| | یس برو با موجود مجموعی ایس برو با موجود | | | JE BY MA | | | | | | | - }- |
| 9. | MANAGING MEMBE | RS/MANAG | ERS' ' | | | • • | L | 200 | | 15.5 | _ |
| , TITLE , | Manager , | | | TITLE | | | | | | | Ⅎ≘ |
| NAME | Carmen Sanders | | | NAME | | | • | • ; | ! | | 2/0 |
| STREET ADDRESS CITY-ST-ZIP | | reet | | STREET ADDR | ESS | | | | | | 15 |
| TITLE | 5725 S.W. 8th St Miami, Fl. 331 | 44 | | CITY-ST-ZIP | | | | | | | CR2E083B (12/01 |
| NAME | Manager | | | TITLE | | | | | | | ZŽ |
| STREET ADDRESS | Margarita Palmer | | | NAME STREET ADDR | rec | | | | | | 72 |
| CITY-ST-ZIP | 8053.SW 186 St. Miami, Fl. 331 | | | CITY-ST-ZIP | 235 | | | | | | |
| TITLE | Mlami, Fl. 331 | 57 | | TITLE | | | | | | | 4 |
| NAME | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | STREET ADDR | SS | | DO 1107 11 | · | | | |
| CITY-ST-ZIP | | · | | CITY-ST-ZIP | | | DO NOT W | KII | E | | |
| TITLE | | | , _ | TITLE | | | IN THIS SE | 246 | | | 7= |
| NAME STREET ADDRESS | | | | NAME | | | IIA 1 LIIO OL | AU | | | |
| CITY-ST-ZIP | | | | STREET ADDRI | SS | | | | | | |
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| STREET ADDRESS | | | | STREET ADDRE | ss | | | | | | |
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| NAME | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | STREET ADDRE | ss | | | | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | | | | | |

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: Dagaita Honer - Margarita Palmer
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

4/26/02 Date 305-594-9600