2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000003738

1. Entity Name
PASTA PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
2600 NW 87TH AVE BAY #9 MIAMI, FL 33172	2600 NW 87TH AVE BAY #9 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

07022004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-1007539		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARMISH, PAUL M
3390 KAPOT TERRACE
MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

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_____

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 September 5, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SANDERS, CARMEN
STREET ADDRESS	5725 SW 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	MGR
NAME	PALMER, MARGARITA
STREET ADDRESS	8053 SW 186 ST
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/19/04-80006-003 50.00

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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: _____   7/14/04   (305)261-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #