

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006439

FILED  
May 04, 2009  
Secretary of State

Entity Name: ARCHIE'S KEY BISCAYNE, L.L.C.

**Current Principal Place of Business:**

600 GRANDON BLVD., UNIT 130  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

600 GRANDON BLVD., UNIT 130  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 65-1013929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GABRIEL S. DIAZ-SARMIENTO, CPA  
15588 SW 62 STREET  
MIAMI, FL 33193      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: M & N INVESTMENTS USA, LLC  
Address: 600 GRANDON BLVD., UNIT 130  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: FOOD DEVELOPMENT CORP.  
Address: 50 SW 10 STREET, SUITE 812  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: NICOLAS, ESCOBAR  
Address: 600 GRANDON BLVD., UNIT 130  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NICOLAS ESCOBAR

MGR

05/04/2009

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