FEB-24-2002 01:46 From:CYBR CAFFE

3053542

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May 02, 2005 8:00 am
Secretary of State

05-02-2005 90117 046 ***150.00

1/2

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000007316

Entity Name
CYBR/CAFFE, L.L.C.

20052955

Principal Place of Business
1574 WASHINGTON AVE.
MIAMI BEACH, FL 33139

Mailing Address
1574 WASHINGTON AVE.
MIAMI BEACH, FL 33139

2. Principal Place of Business | 3. Mailing Address
Suite, Apt # etc | Suite, Apt # etc.
City & State | City & State
Zip | Country | Zip | Country

01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1101451 | Applied for | Not Applicable

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

6. Name and Address of Current Registered Agent

FIGUEREDO, RICARDO
1574 WASHINGTON AVE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	LUCCO, CHRISTIAN	
STREET ADDRESS	000 KINGS POINT DR #829	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	MGR	☐ Delete
NAME	FIGUEREDO, RICARDO	
STREET ADDRESS	1043 WEST 60TH STREET	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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.

4/28/06 Date | 305-534-0037 Daytime Phone #

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

P.1 To:3053542810

APR-26-2005 09:39 From: