2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 31, 2005 8:00 am Secretary of State 01-31-2005 90198 048 ****50.00

1. Entity Name JOEY'S DORAL, L.L.C.					01-31-2003 9	0198 048 *** 30.0	JO	
Principal Place of Business 11400 NW 41 STREET UNIT 112 MIAMI, FL 33178		Mailing Address 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126			20005103			
2. Principal Place of Business + 11402 NW 41 ⁵ 5 trect Suite, Apt. #, etc.		3. Mailing Address 5† 5† 5† 5 5 5 5 5 5						
112		112		0117200	5 Chg-LLC	CR2E083 (10/03)		
City & State Do Ral F1.		City & State Doral FI		4. FE! Nun	nber 1 06937		plied For Applicable	
Zip 331	78 Country	. Zip 33178	Country U 5 A	5. Certifica	ate of Status Desired	\$5.00 Add Fee Required		
	6. Name and Address of Current I			7. Name a	nd Address of New F			
MORENO, ADOLFO 1750 NW 66 AVENUE, STE 212 MIAMI, FL 33126 Dogal Fl. 33178				ddress (P.O. Box Nur	Movero, Adolfo ss (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33126- 5ulfe (12					(1164 0)			
Doral F1. 37110			City	10 x 10m	115 24		e 112	
				Doval	best in the Orace of the	FL 3	3178	
8. The above named early subfitts 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, hypidror gritisfer rearists of registered agent and bitle if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE								
	77							
Fi Di	ling Fee is \$50.00 ue by May 1, 2005					ke check payable to a Department of State	•	
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AIRLINE MANAGEMENT GROUI 1750 NW 66 AVENUE, STE. 212 MIAMI, FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Adolfo Mo 11402 NW Doral Fl	oreno 41st street :	□ Change suite 112	Addition	
TITLE		☐ Delete	TITLE	<u> </u>		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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giTY-ST-ZIP			CITY-ST-ZIP					
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NAME		_ octor	NAME	1				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME EXPERT ADDRESS			NAME STREET ADDRESS		•			
STREET ADDRESS CITY-ST-ZIP			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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

A Jul fo Morenu - Manager . 1-17-05 (305) 513-0224

AME OF SIGNING MANAGER MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Descriptions Proces