

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90069 044 \*\*\*\*50.00

34001610



MOORE CR2E083 (11/03)

|   |                   |  |                       |  |  |
|---|-------------------|--|-----------------------|--|--|
| <b>DOCUMENT # L01000008655</b><br>1. Entity Name<br>HEREFORD GRILL, L.L.C.  |                   |  |                       |  |  |
| Principal Place of Business<br>782 NW LE JEUNE RD #5<br>MIAMI FL 33126  |                   | Mailing Address<br>782 NW LE JEUNE RD #5<br>MIAMI FL 33126 |                       |  |  |
| 2. Principal Place of Business  |                   | 3. Mailing Address   |                       |  |  |
| Suite, Apt. #, etc.   |                   | Suite, Apt. #, etc.  |                       |  |  |
| City & State  |                   | City & State   |                       | 4. FEI Number 65-1110903   |  |
| Zip   |                   | Country  |                       | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                   |  |                       | 7. Name and Address of New Registered Agent  |  |
| WALSH, GERALD V.<br>9500 NW 37TH CT<br>CORAL SPRINGS FL 33065   |                   |  |                       | 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 _____ (NOTE: Registered Agent signature required when reinstating)  |                   |  |                       |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |                   |  |                       |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                   |  | 10. ADDITIONS/CHANGES |  |  |
| TITLE   | MGR               | <input type="checkbox"/> Delete                            | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | DE BARROS, JOSE M |  | NAME                  |  |  |
| STREET ADDRESS  | 782 NW 42 AVE # 5 |  | STREET ADDRESS        |  |  |
| CITY-ST-ZIP   | MIAMI FL 33126    |  | CITY-ST-ZIP           |  |  |
| TITLE   | MGR               | <input checked="" type="checkbox"/> Delete                 | TITLE                 | MANAGER  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | GONEALVES, JOSE M |  | NAME                  | GONCALVES, JOSE MANUEL   |  |
| STREET ADDRESS  | 182 NW 42 AVE # 5 |  | STREET ADDRESS        | 782 NW 42 AVE # 5  |  |
| CITY-ST-ZIP   | MIAMI FL 33126    |  | CITY-ST-ZIP           | MIAMI FL 33126   |  |
| TITLE   |                   | <input type="checkbox"/> Delete                            | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                   |  | NAME                  |  |  |
| STREET ADDRESS  |                   |  | STREET ADDRESS        |  |  |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP           |  |  |
| TITLE   |                   | <input type="checkbox"/> Delete                            | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                   |  | NAME                  |  |  |
| STREET ADDRESS  |                   |  | STREET ADDRESS        |  |  |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP           |  |  |
| TITLE   |                   | <input type="checkbox"/> Delete                            | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                   |  | NAME                  |  |  |
| STREET ADDRESS  |                   |  | STREET ADDRESS        |  |  |
| CITY-ST-ZIP   |                   |  | CITY-ST-ZIP           |  |  |
| TITLE   |                   | <input type="checkbox"/> Delete                            | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                   |  | NAME                  |  |  |
| STREET ADDRESS  |                   |  | STREET ADDRESS        |  |  |
| 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: <i>[Signature]</i>   |                   |  |                       |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                   |  |                       | Date   | Daytime Phone #  |