2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 18, 2005 8:00 am Secretary of State DOCUMENT # L01000008655 03-18-2005 90380 030 ****50.00 HEREFORD GRILL, L.L.C. Principal Place of Business Mailing Address 782 NW LE JEUNE RD 782 NW LE JEUNE RD 20022071 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 65-1110903 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent-WALSH, GERALD V Street Address (P.O. Box Number is Not Acceptable) 9500 NW 37TH CT **CORAL SPRINGS FL 33065** 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE ☐ Delete Change Addition DE BARROS, JOSE M STREET ADDRESS 782 NW 42 AVE # 5 STREET ADDRESS CITY-ST-7IP MIAMI FL 33126 CITY-ST-ZIP MGR THUE ☐ Delete TITLE Change Addition NAME GONEALVES, JOSE M NAME STREET ADDRESS 782 NW 42 AVE #5 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME 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.

FILED