



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90154 045 \*\*\*\*50.00

<b>DOCUMENT # L01000009388</b> 1. Entity Name <b>LA MAISON DE L' ENTRECOTE, LLC</b>					
Principal Place of Business 8180 NW 36 ST STE 230 MIAMI, FL 33166			Mailing Address 8180 NW 36 ST STE 230 MIAMI, FL 33166		
2. Principal Place of Business <b>1455 NW 107 AV</b> Suite, Apt. #, etc. <b>SUITE # 472</b> City & State <b>MIAMI FLORIDA</b> Zip <b>33172</b> Country <b>USA</b>		3. Mailing Address <b>1455 N.W. 107 AVE.</b> Suite, Apt. #, etc. <b>SUITE # 472</b> City & State <b>MIAMI FL</b> Zip <b>33172</b> Country <b>USA</b>			
06302004 Chg-LLC CR2E083 (10/03)				4. FEI Number <b>65-1111842</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALLIEGRO, EDMUNDO</b> <b>7352 NW 35TH ST</b> <b>MIAMI, FL 33122</b>			7. Name and Address of New Registered Agent Name <b>FLORIDA CORPORATE REGISTERED AGENTS, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8180 N.W. 36 ST.</b> <b>SUITE 230</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b>		
8. The above named entity certifies 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 <u><i>Edmundo Allegro</i></u> <b>PRESIDENT</b> DATE <b>6-30-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALIEGRO, EDMUNDO 7352 NW 35TH ST MIAMI, FL 33122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NERI, NERIO 7352 NW 35TH ST MIAMI, FL 33122	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Edmundo Allegro</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>6-30-04</b> <small>Daytime Phone #</small>	