## 2005 LIMITED LIABILITY COMPANY

## Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L01000011950** 04-29-2005 90029 005 \*\*\*\*50.00 1. Entity Name BF HOSPITALITY, L.L.C. Principal Place of Business Mailing Address 2901 SW 8 STREET SUITE 204 2901 SW 8 STREET SUITE 204 MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business Mailing Address 4535 Procede 4535 Suite, Apt. #, etc. 04222005 CR2E083 (10/03) Chg-LLC 4. FEI Number Applied For 65-1126781 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BOSCHETTI, JOSE R** Street Address (P.O. Box Number is Not Acceptable) 2901 SW 8TH STREET **SUITE 204** MIAMI, FL 33135 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE ☐ Addition TITLE ☐ Delete mediterranea Holdings LLC. NAME MEDITERRANES HOLDINGS LLC NAME 4535 PONCE DE LEON BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 trusted empoyered to execute this report as required by Chapter 608, Florida Statutes.

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** 

301-740-081