2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000014602

1. Entity Name
ADAM RESTAURANT I, LLC

Principal Place of Business	Mailing Address
2665 SOUTH BAYSHORE DR. 1006 COCONUT GROVE, FL 33133	2665 SOUTH BAYSHORE DR. 1006 COCONUT GROVE, FL 33133

DO NOT WRITE IN THIS SPACE

03102006No Chg-LLC CR2E063 (11/05)

4. FEI Number
59-3744112
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIPPMAN, WAYNE D
2665 SOUTH BAYSHORE DR.
1006
COCONUT GROVE, FL 33133

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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 _____ DATE
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, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WAYNE, LIPPMAN
STREET ADDRESS	13019 MAR STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	MGRM
NAME	KOLTUN, DENNIS A
STREET ADDRESS	12825 SW 103 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGR
NAME	ADAM, LIPPMAN
STREET ADDRESS	13019 MAR STREET
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	MGR
NAME	KOLTUN, ADAM
STREET ADDRESS	12825 S 103 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/06-80019-004 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wayne D. Lippman Mbr 3/13/06 (305) 858-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #