2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000019099

1. Entity Name
MONTY'S MIAMI BEACH LLC

Principal Place of Business	Mailing Address
2601 HALISSEE STREET COCONUT GROVE, FL 33133	2601 HALISSEE STREET COCONUT GROVE, FL 33133 US

01052004No Chg-LLC CR2E085 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-1151401
☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

NAKHJAVAN, BIJAN I SR
2601 HALISSEE STREET
COCONUT GROVE, FL 33133

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6. 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, name or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstated)

Filing Fee is $50.00
Due by May 1, 2004

55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NAKHJAVAN, BIJAN I
STREET ADDRESS	2601 HALISSEE STREET
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	ROUHANI, FARHANG S
STREET ADDRESS	212 SHORE DR, SOUTH
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	MGRM
NAME	BIJAN'S CATERING INC
STREET ADDRESS	2601 HALISSEE STREET
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/04-80107-001 55.00

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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 605, Florida Statutes.

SIGNATURE: _____ 04-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #