

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019099

1. Entity Name
MONTY'S MIAMI BEACH LLC



Principal Place of Business
**2601 HALISSEE STREET
COCONUT GROVE, FL 33133**

Mailing Address
**2601 HALISSEE STREET
COCONUT GROVE, FL 33133 US**



03092005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1151401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

0000000314257

04/18/05-80160-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NAKHJAVAN, BIJAN I
2601 HALISSEE STREET
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ROUHANI, FARHANG S
212 SHORE DR. SOUTH
COCONUT GROVE, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BIJAN'S CATERING INC
2601 HALISSEE STREET
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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

X04-14-05

X305-381-7778