2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004
Secretary of State

DOCUMENT# L02000016858

Entity Name: PALACE FOODBAR LLC.

Current Principal Place of Business:

1200 OCEAN DRIVE
PALACE FOODBAR
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

224 CATALONIA AVE.
MIAMI, FL 33134 FL

New Mailing Address:

FEI Number: 22-3857882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOMON, DOUGLAS W
224 CATALONIA AVE.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SOLOMON, DOUGLAS W
Address: 1035 PENNSYLVANIA AVENUE, SUITE 1
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR ( ) Delete
Name: BRONKHORST, HENDRIK J
Address: 1035 PENNSYLVANIA AVENUE, SUITE 1
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SOLOMON, DOUGLAS W
Address: 1035 PENNSYLVANIA AVENUE, SUITE 13
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR (X) Change ( ) Addition
Name: BRONKHORST, HENDRIK J
Address: 1035 PENNSYLVANIA AVENUE, SUITE 13
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOUGLAS SOLOMON MR 05/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date