2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

DOCUMENT # L02000016958 1. Entity Name INVERSIONES TROPICAL RIBS, LLC								90139 039 ***1	38.75
Principal Plac 1455 NW 10 MIAMI, FL 3	7TH AVE SP		Mailing Address 1604 WEEPING WILLOW HOLLYWOOD, FL 33019				6 000	/304·	
Principal Place of Business - No P.O. Box #			3. Mailing Address 268 & SW 137 AVC		ave.				
Suite, Apt. #. etc.			Suite, Apt. #, etc.		01192008	3 Chg-LLC	CR2E083 (12/0	6)	
City & State			Miami FL.		4. FEI Num 54-20	nber 081353		Applied For Not Applicable	
Zip		Country	^z 33175	Country	· · · · · · · · · · · · · · · · · · ·	5. Certifica	ite of Status Desired	□ \$5.00 Fee Requ	Additional rired
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
					Name AVEL A. GONZalez				
1		IS R LE BCH BLVD	Street Address		s (P.O. Box Num	(P.O. Box Number is Not Acceptable)			
1004 HALLANDALE: FL 33009					2108	8 SU) 137. A	W.	
HALLANDALE FL 33009			City		City M	iani			
8. The above	named entit	ty submits this statement for	the purpose of changing its	registered	office or reals	, -	ooth, in the State of Flo	orida. I am familiar w	th, and accept
	tions of regis		12, 0	- 3 ·•	-				
1		1/100///	A The market						
SIGNATURE	Signature, typed	or printed name of registered agent a	INO tale il applicabil (NO E	: Registered Ac	gent signature requ	ired when reinstating)		DATE	
FILE	NOWIII	or printed name of registered agent of FEE IS \$138.75 Fee will be \$538.75		: Registered Ag	gent signature requ	ired when reinstating)		DATE se check payable t a Department of S	
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does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information operate spall have the same legal effect as if made under oath; that I am a managing member or manager of the to execute his eport as required by Chapter 608, Florida Statutes. I hereby certify that the information supplied with this filing indicated on this report is true and accurate and that my slimited liability company or the receiver or trusted improve

STREET ADDRESS

STREET ADDRESS

SIGNATURE: BET MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #