FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90577 031 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30066670

DOCUMENT # L02000016958

1. Entity Name
INVERSIONES TROPICAL RIBS, LLC

Principal Place of Business	Mailing Address
2600 DOUGLAS RD., PENTHOUSE SIX CORAL GABLES, FL 33134	2600 DOUGLAS RD., PENTHOUSE SIX CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
1455 NW 107th AVENUE	1455 WEEPING WILLOW WAY
Suite, Apt. #, etc.: SPACE #486	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: HOLLYWOOD, FL
Zip: 33172 Country: USA	Zip: 33019 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2081353 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL ESQ.
2600 DOUGLAS RD., PENTHOUSE SIX
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD DANIEL E. BENARROCH 1455 WEEPING WILLOW WAY HOLLYWOOD, FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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 608, Florida Statutes.

SIGNATURE: [signature] DANIEL BENARROCH 04/28/03 954-457-0970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #