


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90018 047 ****50.00

DOCUMENT # L02000022350	
1. Entity Name LA VENTANITA MARKET & CAFE LLC	

Principal Place of Business 1025 N. FEDERAL HWY. US 1 LAKE PARK, FL 33403	Mailing Address 1025 N. FEDERAL HWY. US 1 LAKE PARK, FL 33403
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2. Principal Place of Business 1017 N. Federal Hwy. (US 1) Suite, Apt. #, etc.	3. Mailing Address 217 Peruvian Avenue Suite, Apt. #, etc. Suite 2
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City & State Lake Park, FL	City & State Palm Beach, FL
Zip 33403	Zip 33480
Country USA	Country USA

04202004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR 56-1160305	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOLDER, DOUGLAS JR 1025 N. FEDERAL HWY. US 1 LAKE PARK, FL 33403	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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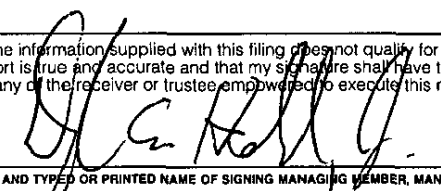
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	NAME GOMEZ, ANDREA STREET ADDRESS 1017 N FEDERAL HWY CITY-ST-ZIP WEST PALM BEACH, FL 33403	TITLE	NAME STREET ADDRESS 217 Peruvian Avenue, Suite 2 CITY-ST-ZIP Palm Beach, FL 33480
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	NAME HOLDER, DOUGLAS A JR STREET ADDRESS 529 S FLAGLER DR 11-E CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 of 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, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/20/04	DAYTIME PHONE # 561-805-7660
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