


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90031 001 ****50.00

DOCUMENT # L02000022673

1. Entity Name
 LITTLE HAVANA 24, LLC



Principal Place of Business
 4419 N. BAY ROAD
 MIAMI BEACH, FL 33140

Mailing Address
 4419 N. BAY ROAD
 MIAMI BEACH, FL 33140

24040050



2. Principal Place of Business
 946 SW 4 street

3. Mailing Address
 1930 Harrison Street

Suite, Apt. #, etc.
 suite 202

04082004 Chg-LLC CR2E083 (10/03)

City & State
 Miami

City & State
 Hollywood

Zip
 FL 33130

Zip
 FL 33020 USA

4. FEI Number
 14-1844913

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

SABBAGH, ELIAS
 4419 N. BAY ROAD
 MIAMI BEACH, FL 33140

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

7. Name and Address of New Registered Agent

Name
 Daniel Gumbard

Street Address (P.O. Box Number is Not Acceptable)
 1930 Harrison Street, suite 202

City
 Hollywood FL Zip Code 33020

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  DATE 4-8-04

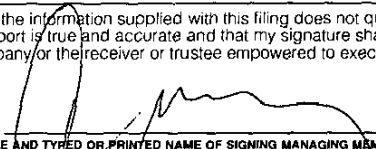
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABBAGH, ELIAS 4419 N. BAY ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAMBURD HOLDING, LLC 4419 N. BAY ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE 4-8-04 DAYTIME PHONE #

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