



**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90065 016 \*\*\*\*50.00

|  |                             |  |  |   |                                   |
|--|-----------------------------|--|--|---|-----------------------------------|
| <b>DOCUMENT # L02000022673</b>   |                             |  |  |    |                                   |
| 1. Entity Name<br><b>LITTLE HAVANA 24, LLC</b>   |                             |  |  |   |                                   |
| Principal Place of Business<br><b>4419 N. BAY ROAD<br/>MIAMI BEACH FL 33140</b>  |                             | Mailing Address<br><b>4419 N. BAY ROAD<br/>MIAMI BEACH FL 33140</b>  |  | <br><input type="checkbox"/> CHECK HERE IF MAKING CHANGES |                                   |
| 2. Principal Place of Business   |                             | 3. Mailing Address   |  |   |                                   |
| Suite, Apt. #, etc.  |                             | Suite, Apt. #, etc.  |  |   |                                   |
| City & State   |                             | City & State   |  |   |                                   |
| Zip  | Country                     | Zip  | Country  | 4. FEI Number<br><b>14-1844913</b>  | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                             |  | <b>\$5.00 Additional Fee Required</b>              |   |                                   |
| 6. Name and Address of Current Registered Agent<br><b>SABBAGH, ELIAS<br/>4419 N. BAY ROAD<br/>MIAMI BEACH FL 33140</b>   |                             |  | 7. Name and Address of New Registered Agent        |   |                                   |
|  |                             |  | Name   |   |                                   |
|  |                             |  | Street Address (P.O. Box Number is Not Acceptable) |   |                                   |
|  |                             |  | City   |   |                                   |
|  |                             |  | <b>FL</b> 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  |                                   |
|  |                             |  |  |   |                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b>   |                             |  |  |   |                                   |
| 9. MANAGING MEMBERS / MANAGERS   |                             |  | 10. ADDITIONS / CHANGES                            |   |                                   |
| TITLE  | <b>MGR</b>                  | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | <b>SABBAGH, ELIAS</b>       |  | NAME   |   |                                   |
| STREET ADDRESS   | <b>4419 N. BAY ROAD</b>     |  | STREET ADDRESS                                     |   |                                   |
| CITY - ST - ZIP  | <b>MIAMI BEACH FL 33140</b> |  | CITY - ST - ZIP                                    |   |                                   |
| TITLE  | <b>MGR</b>                  | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | <b>GAMBURD HOLDING, LLC</b> |  | NAME   |   |                                   |
| STREET ADDRESS   | <b>4419 N. BAY ROAD</b>     |  | STREET ADDRESS                                     |   |                                   |
| CITY - ST - ZIP  | <b>MIAMI BEACH FL 33140</b> |  | CITY - ST - ZIP                                    |   |                                   |
| TITLE  |                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                             |  | NAME   |   |                                   |
| STREET ADDRESS   |                             |  | STREET ADDRESS                                     |   |                                   |
| CITY - ST - ZIP  |                             |  | CITY - ST - ZIP                                    |   |                                   |
| TITLE  |                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                             |  | NAME   |   |                                   |
| STREET ADDRESS   |                             |  | STREET ADDRESS                                     |   |                                   |
| CITY - ST - ZIP  |                             |  | CITY - ST - ZIP                                    |   |                                   |
| TITLE  |                             | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                             |  | NAME   |   |                                   |
| STREET ADDRESS   |                             |  | STREET ADDRESS                                     |   |                                   |
| CITY - ST - ZIP  |                             |  | CITY - ST - ZIP                                    |   |                                   |
| 11. I hereby certify that the information reported 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. |                             |  |  |   |                                   |
| <b>SIGNATURE:</b>  |                             | <b>SIGNATURE REQUIRED</b>  |  |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                             | Date   |  | Daytime Phone #   |                                   |

CR2E083 (10/02)