## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 19, 2007 08:00 AM
Secretary of State

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1. Entity Name
CAFE CARDOZO, LLC



Principal Place of Business

420 JEFFERSON AVE. MIAMI BEACH, FL 33139 Mailing Address

420 JEFFERSON AVE. MIAMI BEACH, FL 33139



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2295351

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131

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| <ol><li>The above named entity submits this statement for the purpose of cha<br/>the obligations of registered agent.</li></ol> | inging its registered office or registered agent, or bo      | oth, in the State of Florida. I am familiar with, and accept |
|---|--|--|
| Signature. Spead or printed name of registered agent and little if applicable   | (NOTE: Registered Agent signature required when reinstating) | Πουρουστο <del>ρλ</del> έο                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |  | 05/01/07-80033-020 50.00                                     |

| 9.   | MANAGING MEMBERS/MANAGERS                                      |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP      | MGR ESTEFAN, EMILIO JR 420 JEFFERSON AVE MIAMI BEACH, FL 33139 |
| THILE NAME STREET ADDRESS CITY-ST-ZIP      |  |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP      |  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP  |  |
| TITLE  NAME  STREET ADDRESS  CITY - ST-7IP |  |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

IATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FO. 01-1129A

Daytime Phone #