2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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DOCUMENT # L02000027633 1. Entity Name REEL BIG SUBS, L.L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JUL 20 PM 2: 54				
Principal Plac	e of Business	Mailing Address							
20218 OLD CUTLER ROAD MIAMI, FL 33189 Maming Addisss 20218 OLD CUTLER RD MIAMI, FL 33189			1)	.	rii Bana Ka k Itala	erien Mion Mil	881 171 1 98 1
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05242007	Chg-LLC	CR2E083	(12/06)		
City & State		City & State		4. FEI Number 22-3885135				plied For t Applicable	
Zip	Country	Zip	Country	,	5. Certificate	of Status Desired		5.00 Add e Required	
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New F	Registered Age	ent	
		•	1	Name			···		
C/O JOHN	NDRA L ESQ. I H. TEST, P.A.		St		ress (P.O. Box Number is Not Acceptable)				
MIAMI, FL	117 AVENUE, SUITE B-105 33186								
				City			FL	Zip Code	;
	named entity submits this statement f	or the purpose of changing its	registered	office or register	ed agent, or both	h, in the State of Fl	orida. I am fan	nillar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	: Registered Ad	gent signature required	when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	: Registered Aç	gent signature required	l when reinstating)				
	Signature, typed or printed name of registered agent	nt and title if applicable. (NOTE:	: Registered Aç	geni signature required	when reinstating)		DATE ke check pay la Departmen		•
'A	mended AR is \$50.00			geni signature required	l when reinstating)	Florid	ke check pay la Departmen)
'A .	mended AR is \$50.00 MANAGING MEMB	ERS/MANAGERS	10.			Florid	ke check pay la Departmen	t of State	
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9. TITLE NAME	MANAGING MEMB MGRM BARRIENTOS, PABLO G	ERS/MANAGERS	10. TITLE NAME	MG LUIS	RM.s AMat	ADDITIONS a. 174 terr	ke check pay la Departmen	t of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM BARRIENTOS, PABLO G 18540 SW 88 ROAD	IERS/MANAGERS Delete	10. TITLE NAME STREET	ADDRESS 1098	RM s A Mat e scw ac	ADDITIONS a. 174 terr 33032	ke check pay la Departmen :/CHANGES	t of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB MGRM BARRIENTOS, PABLO G 18540 SW 88 ROAD MIAMI, FL 33157	ERS/MANAGERS	10. TITLE NAME STREET / CITY-ST	ADDRESS 1098	RM s A Mat e scw ac	ADDITIONS a. 174 terr 33032	ke check pay la Departmen :/CHANGES	t of State	Addition
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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.

CICHATUDE.

6-1-07