

# **2005 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000005445

Entity Name: CAFE 5700 LLC

**FILED**  
**Jan 11, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

5700 COLLINS AVE.  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

5600 COLLINS AVE.  
APT 2  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5313 COLLINS AVENUE  
MIAMI BEACH, FL 33140

**New Mailing Address:**

5600 COLLINS AVENUE  
APT 2  
MIAMI BEACH, FL 33140

FEI Number: 91-2187850      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KAHN, DONALD J  
317 71ST STREET  
MIAMI, FL 33141      US

**Name and Address of New Registered Agent:**

LUIS, BRITO  
407 LINCOLN ROAD  
500  
MIAMI BEACH, FL 33139      US

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.

SIGNATURE: LUIS G. BRITO

01/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: BONARRIGO, ANTONIO  
Address: 5600 COLLINS AVENUE, SUITE 2  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTONIO BONARRIGO

MGR

01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date