


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90037 019 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| DOCUMENT # L03000005457  |   |  |   |                       |  |
| <b>1. Entity Name</b><br>LA COFRADIA RESTAURANT, L.L.C.  |   |  |   |  |  |
| <b>Principal Place of Business</b><br>2 ALHAMBRA PLAZA<br>SUITE 860<br>CORAL GABLES, FL 33134  |   |  | <b>Mailing Address</b><br>2 ALHAMBRA PLAZA<br>SUITE 860<br>CORAL GABLES, FL 33134   |  |  |
| <b>2. Principal Place of Business</b><br><br>Suite, Apt. #, etc.   |   | <b>3. Mailing Address</b><br><br>Suite, Apt. #, etc.         |   | 01122005    Chg-LLC    CR2E083 (10/03)   |  |
| City & State   |   | City & State   |   | <b>4. FEI Number</b><br>54-2097549   |  |
| Zip  |   | Zip  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>DICKINSON, JAIME<br>2 ALHAMBRA PLAZA<br>SUITE 860<br>CORAL GABLES, FL 33134  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| <b>8.</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____   |   |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DICKINSON, JAMIE<br>2 ALHAMBRA PLAZA SUITE 860<br>CORAL GABLES, FL 33134     | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DÉSMAYSON, JEAN PAUL<br>2 ALHAMBRA PLAZA SUITE 860<br>CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>11.</b> 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> _____  |   |  | 03/07/2005    786 412 2751  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date    Daytime Phone #   |  |  |

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