Apr 24 2006 23:59 HP LASERJET FAX

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90055 004 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000005457

1. Entity Name
LA COFRADIA RESTAURANT, L.L.C.

~~00020473

Principal Place of Business	Mailing Address
2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES, FL 33134	2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES, FL 33134

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252006 Chg-LLC CR2E063 (11/05)

4. FEI Number: 54-2097549 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKINSON, JAIME 2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, JAMIE ~~4 ALHAMBRA PLAZA SUITE 860~~ ~~CORAL GABLES, FL 33134~~	☐ Delete Corrected address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 Alhambra Plaza - Suite 860 Coral Gables - Fl. 33134 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESMAISON, JEAN PAUL ~~4 ALHAMBRA PLAZA SUITE 860~~ ~~CORAL GABLES, FL 33134~~	☐ Delete Corrected address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 Alhambra Plaza - Suite 860 Coral Gables - Fl. 33134 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] DESMAISON 4/25/06 (305) 461-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #