

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:34

DOCUMENT # L03000006515 1. Entity Name DON POLLO FL, LLC					
Principal Place of Business 1401 UNIVERSITY DR., STE. 301 CORAL SPRINGS, FL 33071			Mailing Address P.O. BOX 266366 WESTON, FL 33326		
2. Principal Place of Business 6340 SUNSET DR.		3. Mailing Address 6340 SUNSET DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 02-0678161	
Zip 33143		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUME, JOHN HUME & JOHNSON P.A. 1401 UNIVERSITY DR. STE. 301 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name RONALD R. FIELDSTONE Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CR. #601 City C. GABLES FL Zip Code 33134	
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 4/28/05)					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FINOL, ANDRES A 2853 EXECUTIVE PARK DRIVE SUITE 202 WESTON, FL 33331	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. 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.					
SIGNATURE: RONALD R. FIELDSTONE MANAGER 4/28/05 305 357 1001					