

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007264

FILED
Apr 30, 2004
Secretary of State

Entity Name: 147 MIRACLE RESTAURANTS, LLC

Current Principal Place of Business:

147 MIRACLE MILE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVE., STE. 900
MIAMI, FL 33131

New Mailing Address:

1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

FEI Number: 58-2673340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., STE. 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 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: ROBERT R. ADAMS

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CAVALCANTI, ROBERTO
Address: 600 GRAPETREE DR., UNIT 8E-N
City-St-Zip: KEY BISCAINE, FL 33149

Title: MGR () Delete
Name: CAVALCANTI, FRANCESCA
Address: 600 GRAPETREE DR., UNIT 8E-N
City-St-Zip: KEY BISCAINE, FL 33149

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERTO CAVALCANTI

MGRM

04/30/2004

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