2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State
03-27-2007 90202 038 ****50.00

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1. Entity Name
DOWNTOWN RESTAURANT GROUP, LLC

60029663

Principal Place of Business	Mailing Address
48 EAST FLAGLER STREET, SUITE 381 MIAMI, FL 33131	48 EAST FLAGLER STREET, SUITE 381 MIAMI, FL 33131

02142007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1156991 ☐ 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
HUZENMAN, JULIAN 48 EAST FLAGLER STREET, SUITE 381 MIAMI, FL 33131	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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HUZENMAN, JULIAN 290,174 STREET, #1406 SUNNY ISLES, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Operating Manager	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Gregorio Huzenman 21150 N.E. 38 Avenue #1805 Aventura FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Guillermo Berman 210-174 Street #910 N. Miami Beach FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Addition

Please, updated your records. Since we register this LLC with you. There have been all this members. and you only have in your records me.
Please make the necessary adjustments in your computer in order to have all the Three members.
thank you.

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: Gregorio Huzenman 3/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #