2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90202 038 ****50.00

60029663

02142007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000010837

1. Entity Name
DOWNTOWN RESTAURANT GROUP, LLC

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

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		
TITLE	MGRM	☐ Delete
NAME	HUZENMAN, JULIAN	
STREET ADDRESS	290 174 STREET, #1406	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE	Secretary	☐ Delete
NAME	Gregorio Huzenman	
STREET ADDRESS	21150 N.E. 38 Avenue #1805	
CITY-ST-ZIP	Aventura FL 33180	
TITLE	Treasurer	☐ Delete
NAME	Guillermo Berman	
STREET ADDRESS	210-174 Street #910	
CITY-ST-ZIP	N. Miami Beach FL 33160	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		
TITLE	Operating manager	☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Please, updated your records. Since we register this LLC with you. There have been all this members. and you only have in your records one.
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 officer 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 #