

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L03000010837	
1. Entity Name DOWNTOWN RESTAURANT GROUP, LLC	

Principal Place of Business 48 EAST FLAGLER STREET, SUITE 381 MIAMI, FL 33131	Mailing Address 48 EAST FLAGLER STREET, SUITE 381 MIAMI, FL 33131
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60029663

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02142007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent HUZENMAN, JULIAN 48 EAST FLAGLER STREET, SUITE 381 MIAMI, FL 33131	
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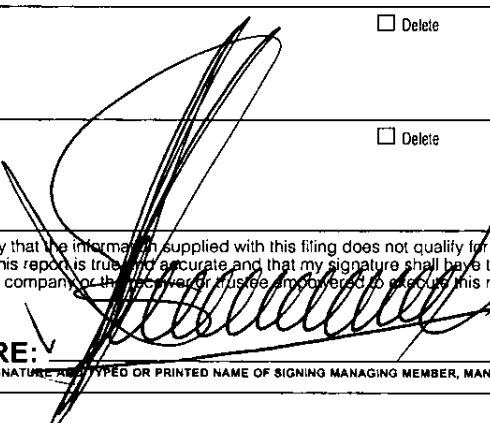
4. FEI Number 57-1156991	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	DATE

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. 38th Avenue #1805 Aventura FL 33180 ☐ Delete	TITLE 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 me. ☐ 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	Please make the necessary adjustments in your computer in order to have all the three members. ☐ 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

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 member or trustee empowered to prepare this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	Gregorio Huzenman 3/16/07 Date Daytime Phone #