2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 15, 2004 8:00 am
Secretary of State

04-05-2004 90502 014 ****50.00

4/5/

DOCUMENT # L03000015429

1. Entity Name

BRAVO SUBS, L.L.C.

34009259

MOORE CR2E083 (11/03)

Principal Place of Business	Mailing Address
~~4280 GALT OCEAN MILE STE. 21D~~	~~4280 GALT OCEAN MILE STE. 21D~~
~~FORT LAUDERDALE FL 33308~~	~~FORT LAUDERDALE FL 33308~~

2. Principal Place of Business	3. Mailing Address
CYPRESS CREEK STATION	CYPRESS CREEK STATION ~~6317 N. ANDREWS AVE~~
Suite, Apt. #, etc. 6317 N. ANDREWS AVE	Suite, Apt. #, etc. 6317 N. ANDREWS AVE
City & State FORT LAUDERDALE FL	City & State FORT LAUDERDALE FL
Zip 33309 Country USA	Zip 33309 Country USA

4. FEI Number 34-2003305 ☐ 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
SADER, ROBERT L	Name APRIL EW MILNER
1901 WEST CYPRESS CREEK ROAD STE. 415	Street Address (P.O. Box Number is Not Acceptable) 4280 GALT OCEAN DRIVE #21D
FT. LAUDERDALE FL 33309	City FORT LAUDERDALE FL Zip Code 33308

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] 3/31/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER APRIL EW MILNER 4280 GALT OCEAN DR #21D FORT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/31/04 (954) 895-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #