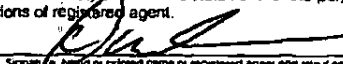


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L03000015429			
1. Entity Name BRAVO SUBS, L.L.C.			
Principal Place of Business 4280 GALT OCEAN MILE STE 210 FORT LAUDERDALE FL 33308		Mailing Address 4280 GALT OCEAN MILE STE 210 FORT LAUDERDALE FL 33308	
2. Principal Place of Business CYPRESS CREEK STATION		3. Mailing Address 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 SADER, ROBERT L 1901 WEST CYPRESS CREEK ROAD STE. 415 FT. LAUDERDALE FL 33309		7. Name and Address of New Registered Agent APRIL EW MILNER 4280 GALT OCEAN DR #210 FORT LAUDERDALE FL 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  DATE 3/31/04			
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 #210 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: 		DATE: 3/31/04 (954) 895-7100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	