


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90028 002 ***138.75

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|--|--|--|---|--|--|
| DOCUMENT # L03000017323 1. Entity Name LITTLE HAVANA INVESTMENTS, L.L.C. | | | |  | |
| Principal Place of Business 7390 SW 154TH TERR. MIAMI, FL 33157 | | | Mailing Address 7390 SW 154TH TERR. MIAMI, FL 33157 | | |
| 2. Principal Place of Business - No P.O. Box # 118 PONCE DE LEON BLVD | | 3. Mailing Address 118 PONCE DE LEON BLVD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State CORAL GABLES FL | | City & State CORAL GABLES FL | | 4. FEI Number 14-1887981 | |
| Zip 33135 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent QUESADA, G. FRANK ESQ 1313 PONCE DE LEON BLVD., STE. 200 CORAL GABLES, FL 33134 | | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GORRA, EGBERT A 7390 SW 154TH TERR. MIAMI, FL 33157 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARES, RALPH 156 40 SW 46TH LANE MIAMI, FL 33185 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | 4/29/08 305-413-3010 Date Daytime Phone # | | |