


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000021328 1. Entity Name AVENTURA GOURMET, LLC	
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Principal Place of Business 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180	Mailing Address 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180
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02262007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2997024	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180
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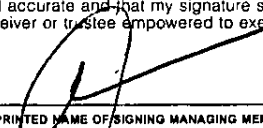
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000729438
05/08/07-80035-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180
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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: 	Date 4/23/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Daytime Phone #</small>