
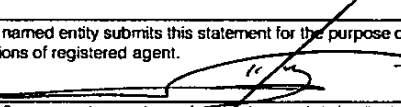
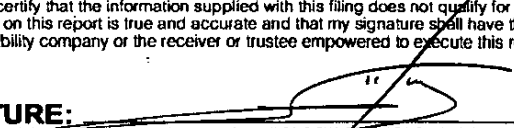


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90157 045 \*\*\*\*50.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # L03000022770</b><br>1. Entity Name<br><b>OLD LISBON RESTAURANT &amp; BAR L.L.C.</b>  |  |  |   |  |  |
| Principal Place of Business<br><b>2050 CORAL WAY, STE. 203<br/>MIAMI, FL 33145</b>   |  |  | Mailing Address<br><b>2050 CORAL WAY, STE. 203<br/>MIAMI, FL 33145</b>  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   |   |  |
| 4. FEI Number<br><b>27-0063240</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ARCINIEGA, FERNANDO<br/>2050 CORAL WAY, STE. 203<br/>MIAMI, FL 33145</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Silva Carlos</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2050 Coral way, Ste 203</b><br>City <b>Miami</b> FL Zip Code <b>33145</b> |   |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |  | DATE <b>01-26-06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>CARLOS, SILVA<br/>2050 CORAL WAY # 203<br/>MIAMI, FL 33145</b> <input type="checkbox"/> Delete                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>ECO GLOBAL INVESTMENT GROUP INC<br/>2050 CORAL WAY # 203<br/>MIAMI, FL 33145</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |   |   |  |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |  | DATE <b>01-26-06</b> DAYTIME PHONE # <b>305-854-3234</b>  |   |  |