2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000023667

1. Entity Name
CAFE BROWN, LLC

Principal Place of Business	Mailing Address
5826 NW 113 PLACE MIAMI, FL 33178	5826 NW 113 PLACE MIAMI, FL 33178

DO NOT WRITE IN THIS SPACE

01172007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-0639410	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

LABEAU, CARLOS A
5826 NW 113 PLACE
MIAMI, FL 33178

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	LABEAU, CARLOS A
STREET ADDRESS	5826 NW 113 PLACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	T
NAME	LABEAN, ANGEL A
STREET ADDRESS	5826 NW 113 PLACE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80015-011 50.00

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IN THIS SPACE

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: _____   4/13/7

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