


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90038 021 \*\*\*\*50.00

**DOCUMENT # L03000037229**

1. Entity Name  
**CAFE DELIGHTS PINES, LLC**



Principal Place of Business 4711 NW 79TH STREET, SUITE 20T MIAMI, FL 33166	Mailing Address 4711 NW 79TH STREET, SUITE 20T MIAMI, FL 33166
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2. Principal Place of Business <i>12330 SW. 53rd street</i>	3. Mailing Address <i>12330 SW. 53rd street</i>
Suite, Apt. #, etc. <i>Suite 702</i>	Suite, Apt. #, etc. <i>Suite 702</i>



03022005 Chg-LLC CR2E083 (10/03)

City & State <i>Cooper City, Florida</i>	City & State <i>Cooper City, Florida</i>	4. FEI Number 20-0262948	Applied For Not Applicable
Zip <i>33330</i>	Country <i>U.S.A.</i>	Zip <i>33330</i>	Country <i>U.S.A.</i>

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENESES, MAURICIO**  
 4711 NW 79TH STREET, SUITE 20T  
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
*12330 SW. 53rd street - Suite 702*

City *Cooper City* FL Zip Code *33330*

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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENESES, MAURICIO 4711 NW 79TH STREET, SUITE 20T MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12330 S.W. 53rd street - Suite 702</i> <i>Cooper City - FL. 33330</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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 60B, Florida Statutes.

SIGNATURE: *Meneses Mauricio* 04/18/05 954 889 8384  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #