## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90038 021 \*\*\*\*50.00

### Mailing Address ### ATT 11 NR 79TH STREET, SUITE 20T MIAMI, R. 33166  2. Principal Place of Disprintes   471 NR 79TH STREET, SUITE 20T MIAMI, R. 33166  2. Principal Place of Disprintes   471 NR 79TH STREET, SUITE 20T MIAMI, R. 33166  2. Principal Place of Disprintes   472 30 5 W. 50 7 Street   472 30 30 W	DOCUMENT # L03000037229  1. Entity Name CAFE DELIGHTS PINES, LLC						04-20-2005	90038 0	21 ****5	50.00	
Name and Address of Current Registered Agent   Name   Na	4711 NW 79	TH STREET, SUITE 20T	4711 NW 79TH STREET, SUITE 20T								
Name and Address of Current Registered Agent   Name   Na	2. Principal P	lace of Business	3. Mailing Address; /								
SLUCY & State Copper City, FLorida Coy & State Copper City, FLorida Copper City Copper City Copper City Copper City FL C	<u> 12330</u>	SW. 53" STreet	12330 5W. 53" Street		,	#188	# <b>8</b> 188 )()   (88)		101 IJI ( <b>n</b> 0)		
Couple City Florida   Couple City Florida   Couple City Florida   Couple City Florida   Sp. 00 Addition   Sp. 00 Addit	5uite 702		Suite 702					CR2E08	<del></del>	alicel Fee	
B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  12.330 S.W. 53rd Street - Scuitz 102  City Coppe City  FL 350330  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 Rorida. I am familiar with, and accept the orbigations of registered agent.  SIGNATURE  Filling Fee is \$50.00  Dise by May 1, 2005  Make check payable to  Florida Department of State.  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  MANAGING MEMBERS, MAURICIO  SIRET ADDRESS  OTT-51-2P  ITILE  MAM  SIRET ADDRESS  OTT-51-2P  ITILE  TILE  MAM  SIRET ADDRESS  OTT-51-2P  TILE  TILE  MAM  SIRET ADDRESS  OTT-	Cooper City, Florida		Cooper City, Florida					Not	Applicable		
Name   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   City COPE City FL 25030 SW.   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   City COPE City FL 25030 SW.   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   City COPE City FL 25030 SW.   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   City COPE City FL 25030 SW.   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street - Science TOZ   Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable)   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable TOZ   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable TOZ   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable TOZ   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable TOZ   A230 SW. 53rd Street Address (P.O. Box Number is Not Acceptable TOZ   A230 SW. 53rd Street Address (P.		U.S.A.	33330 (	L.S.A	^	5. Certificate of	f Status Desired				
### Addition  ##											
### 1230 SW. 5314 Street - Swite 1702  City Cope City   FL   35530    B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  ### SWEAT NOTE   PROTE Registered Agent signature required when rematable)   DATE    ### Due by May 1, 2005   Addition    ### Make check payable to Protect Registered Agent signature required when rematable)   DATE    ### Make check payable to Protect Registered Agent signature required when rematable)   DATE    ### Make check payable to Protect Registered Agent signature required when rematable)   DATE    ### Make check payable to Protect Registered Agent signature required when rematable)   DATE    ### Make check payable to Protect Registered Agent signature required when rematable)   DATE    ### Make check payable to Protect Registered Agent signature required when rematable)   DATE    ### Make check payable to Protect Registered Agent signature required when rematable)   DATE    ### Make check payable to Protect Registered Agent signature required when rematable)   DATE    ### Make check payable to Protect Registered Agent signature required when rematable)    ### Make check payable to Protect Registered Agent signature required when rematable)    ### Make check payable to Protect Registered Agent required required signature required when rematable)    ### Make check payable to Protect Registered Agent required required required signature required when rematable)    ### Addition Number Registered Agent required required required signature required when rematable)    ### Addition Number Registered Agent required required required signature required when rematable)    ### Addition Number Registered Agent required					Street Address (P.O. Box Number is Not Acceptable)						
E. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Separate, typed or private ream of registered agent and 15th if applicable. (NOTE Registered Agent signature required when remarkable)    Part	MIAMI, FL 33166				12930 SW. 53rd street - Suite 702						
8. The above named only 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 and table applicable.  SIGNATURE    Tilling Fee is \$50.00   Make check payable to Florida Department of State   Part   MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES   MANAGING MEMBERS/MANAGERS   10.   ADDITIONS/CHANGES   TILL   MCR   MENESES, MAURICIO   MAKE											
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CITY-ST-ZIP  11.   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											
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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											
limited liability company or the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.											