
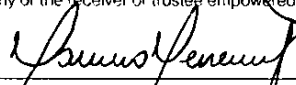


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90154 029 ***138.75

DOCUMENT # L03000037229			
1. Entity Name CAFE DELIGHTS PINES, LLC			
Principal Place of Business 12330 SW 53RD ST STE 702 COOPER CITY, FL 33330 US		Mailing Address 12330 SW 53RD ST STE 702 COOPER CITY, FL 33330 US	
2. Principal Place of Business - No P.O. Box # 15801 West Pines Blvd. Suite, Apt. #, etc.		3. Mailing Address 2620 Weston Road Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Weston, Florida	
Zip 33327	Country USA	Zip 33331	Country USA
6. Name and Address of Current Registered Agent MENESES, MAURICIO 12330 SW 53RD ST STE 702 COOPER CITY, FL 33330		7. Name and Address of New Registered Agent Name: Mauricio Meneses Street Address (P.O. Box Number is Not Acceptable): 2620 Weston Road City: Weston FL Zip Code: 33331	
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: _____ DATE: _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M&M COUSINS INC 12330 SW 53RD ST STE 702 COOPER CITY, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALU CORPORATION 12330 SW 53RD ST STE 702 COOPER CITY, FL 33330 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: 		Mauricio Meneses 04/14/08 (954) 889 8384	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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