

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


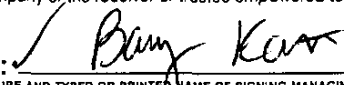
**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90029 010 \*\*\*\*50.00

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04142006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L03000039368</b>					
1. Entity Name TWISTED MARTINI AT THE LANDING, LLC					
Principal Place of Business 9200 S. DADELAND BLVD., SUITE #204 MIAMI, FL 33156			Mailing Address P.O. BOX 430941 MIAMI, FL 33243		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <b>Suite 412</b>			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1207116</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KURTZ, DARRIN 9200 S. DADELAND BLVD., SUITE #204 MIAMI, FL 33156			Name <b>KURTZ, DARRIN</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>9200 S. DADELAND BLVD - SUITE 412</b>		
			City <b>MIAMI</b> FL Zip Code <b>33156</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURTZ, DARRIN		NAME		
STREET ADDRESS	9200 S. DADELAND BLVD, STE 412		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATES, BARRY		NAME		
STREET ADDRESS	9200 S. DADELAND BLVD, STE 412		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: 			4.30.06 305-670-4501		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		