2005 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Jan 25, 2005 08:00
DOCUMENT # L03000040619 1. Entity Name MARGARITAVICH LLC				Secretary of State
Principal Plac	on of Business	Molling Address		
Principal Place of Business C/O CINDY THOMPSON 424 A FLEMING STREET KEY WEST, FL 33040 Address C/O GELFAND, RENNERT, & 1880 CENTURY PARK E, #1 LOS ANGELES, CA 90067		ARK E, #1600		
•	O NOT WOIT	E IN TUIC	CDACE	01112005 No Chg-LLC CR2E083 (10/03)
L	OO NOT WRITI		SPACE	4. FEI Number 20-0334780 5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		
HAFT, STUART J ESQ 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480				DO NOT WRITE IN THIS SPACE
8. The above the obligat	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered agent		its registered office or register	ored agent, or both, in the State of Florida. I am familiar with, and accept defined agent, or both, in the State of Florida. I am familiar with, and accept DATE
	iling Fee is \$50.00 ue by May 1, 2005	**************************************	<u> </u>	
9.	MANAGING MEME	ERS/MANAGERS .	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUFFET, JAMES W 256 WORTH AVE., STE. Q PALM BEACH, FL 33480			U00000194996 01/26/05-80010-022 50.00
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		: **		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 1/11/05 Daytime Phone #