2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000041990

1. Entity Name
DECO RESTAURANT, LLC

Principal Place of Business	Mailing Address
1400 NORTH VIEW DRIVE MIAMI BEACH, FL 33140	1400 NORTH VIEW DRIVE MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

01182005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
13-4269736	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN MOSKOWITZ CPA
3850 HOLLYWOOD BLVD
SUITE 204
HOLLYWOOD, FL 33021

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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.
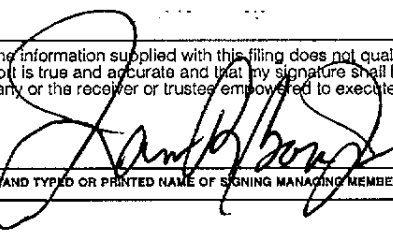
SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WHEELOCK, STEPHEN B
STREET ADDRESS	1400 NORTHVIEW DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGRM
NAME	BONNER, JAMES R JR
STREET ADDRESS	1400 NORTHVIEW DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____ JAmes Bonner, Jr. 1/27/05 (305)439-7445

SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #