

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049523

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: PRIMO GELATO CARIBBEAN,LLC

## Current Principal Place of Business:

2801 FLORIDA AVE.  
15  
MIAMI, FL 33133 US

## New Principal Place of Business:

7889 NW 98 STREET  
HIALEAH GARDENS, FL 33016 US

## Current Mailing Address:

2801 FLORIDA AVE.  
15  
MIAMI, FL 33133 US

## New Mailing Address:

FEI Number: 51-0491819      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BAKER, RONALD G  
2655 LEJEUNE RD.  
201  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: GELATO HOLDINGS,LLC,  
Address: 2801 FLORIDA AVE.#15  
City-St-Zip: MIAMI, FL 33133 US

Title: MGRM (X) Delete  
Name: JJL MIRACLE,LLC,  
Address: 250 BIRD RD. #320  
City-St-Zip: CORAL GABLES, FL 33146 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PRIMO GELATO HOLDING, S,LLC  
Address: 2801 FLORIDA AVE.#15  
City-St-Zip: MIAMI, FL 33133 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FARID CHEHAB

MGRM

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date