

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90117 018 \*\*\*\*50.00

**DOCUMENT # L03000052421**



1. Entity Name  
**JAGUAR RESTAURANT GROUP, LLC**

Principal Place of Business  
**C/O SPENCER AND KELIN, P.A.  
2 ALHAMBRA PLAZA PENTHOUSE IIB  
CORAL GABLES, FL 33134**

Mailing Address  
**C/O SPENCER AND KELIN, P.A.  
2 ALHAMBRA PLAZA PENTHOUSE IIB  
CORAL GABLES, FL 33134**

**24010333**



2. Principal Place of Business

**2819 Brathla Street**  
Suite, Apt. #, etc.

3. Mailing Address

**2819 Brathla Street**  
Suite, Apt. #, etc.

02052004 Chg-LLC CR2E083 (10/03)

City & State  
**Miami, Florida**

Zip Country  
**33133 USA**

City & State  
**Miami, Florida**

Zip Country  
**33133 USA**

4. FEI Number **58-2680183**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KLEIN, BRENT D  
C/O SPENCER AND KELIN, P.A.  
2 ALHAMBRA PLAZA PENTHOUSE IIB  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004**

**Make check payable to:  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**MGM  
Eduardo Durazo  
2819 Brathla Street  
Miami, Florida 33133**

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**MGM  
Eduardo del Rivero  
2811 Brathla Street  
Miami, Florida 33133**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:** **Eduardo Durazo** *[Signature]* **Feb. 10, 2004.** **305-860-3041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #