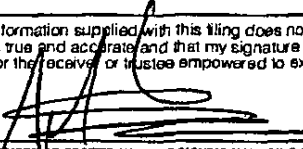


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

08-09-2004 90146 005 *****50:00
L03000053550

DOCUMENT # L03000053550 1. Entity Name PARADISE ISLAND MAINSTREET CAFE, LLC						FILED 04 OCT 20 AM 9:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2299 NORTH FEDERAL HWY BOCA RATON, FL				Mailing Address 2299 NORTH FEDERAL HWY BOCA RATON, FL			
2. Principal Place of Business AS ABOVE Suite, Apt. #, etc.				3. Mailing Address AS ABOVE Suite, Apt. #, etc.			
City & State				City & State			
Zip 33432		Country		Zip 33432		Country	
6. Name and Address of Current Registered Agent FELDMAN, MARTIN E ESQ ONE OAKWOOD BLVD, STE 250 HOLLYWOOD, FL 33020				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____							
Filing Fee is \$50.00 Due by September 8, 2004				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE JOHN GERICS NAME 841 N.W. 57TH STREET STREET ADDRESS FT. LAUDERDALE, FL. CITY-ST-ZIP 33309				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE LOUIS GERICS NAME 841 N.W. 57TH STREET STREET ADDRESS FT. LAUDERDALE, FL. CITY-ST-ZIP 33309				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE PARADISE ISLAND CAFE CO NAME 35 HARVARD RD. STREET ADDRESS PO BOX 21040 CITY-ST-ZIP GURLEIGH, ON, NIG 3A2				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME 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:  R.S. RASTOR JULY 13/04 PAGER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Office Phone							